



MISSIONARY
CHURCH

FOR NATIONAL OFFICE USE ONLY

- Applicant & Spouse Application Completed (&Translated if applicable) ☐
Background Check & Credit Report Completed & Approved ☐
Pastor Orientation (H&P) Complete ☐
Approval by Extenuating Circumstance Committee (Y ,N, NA) ☐

REQUEST FOR CREDENTIALS

(check only one type below)

License Types

- ☐ Ministerial License
☐ Specialized Ministerial License
☐ Reinstatement of License (background and credit checks required)

Ordination Types

- ☐ Ordination
☐ Recognition of Previous Ordination
☐ Reinstatement of Ordination (background and credit checks required)

Name: _____

Street Address: _____

City: _____ State/Province: _____ Zip: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____ Birthdate: ____/____/____

Email Address: _____

Spouse's Name: _____

Date of Anniversary: ____/____/____

POSITION OF SERVICE

Church/Position: _____

City/State: _____

ORDINATION INFORMATION

Dates of Service: ____/____/____ to ____/____/____

Church/Organization of previous ordination: _____

Church/Organization City and State: _____

APPROVAL

Date of Interview: ____/____/____ Interviewed By: _____

Region/District: _____ Date of Region/District Approval: ____/____/____

Signature: _____ Date: ____/____/____
Region/District Director or Secretary

Please indicate where the certificate should be sent: ☐ applicant's address ☐ region/district address