



P.O. Box 989, Copperas Cove, Texas, 76522-0989, (254) 547-1413, Fax (254) 547-1960, www.chop.org

## Ordination Application Form

Please complete in its entirety and return to the office listed above.

<b>Personal Data</b>			
			Date _____
Name _____			
Last	First	Middle	
Address _____			
Street		City	
_____			
State	ZIP	Work Telephone	Home Telephone
Email _____		Age _____	Birth date _____
Are you currently licensed as a minister? ____Yes ____No License No. _____			
Date of Licensure _____		Licensing Body _____	
Are you presently employed in a fulltime ministerial position? ____Yes ____No			
Employer _____		Telephone No. _____	
Position _____		Length of time in position _____	
Explain why you want to be ordained with CCI _____			
_____			
_____			
<b>Spiritual Qualifications</b>			
When did you receive Salvation? _____			
Have you received the Baptism of the Holy Spirit? ____Yes ____No Date _____			
Do you speak in tongues? ____Yes ____No Do you tithe? ____Yes ____No			
<b>Signature and Date</b>			
_____		_____	
Signature of Ordination Candidate		Signature of Recommending Pastor	
Date _____		Date _____	