



APPLICATION FOR UPGRADE TO ORDINATION

After all questions have been fully considered and answered, this application should be returned to the district* secretary's office. **We believe in a "divinely called and scripturally ordained ministry."**[†]

Ministers must have both—a call from God and the affirmation of the Church. The Church has a biblical responsibility to verify the minister's call, character, competency, spiritual maturity, and proven ministry and to affirm those who qualify with the laying on of hands. Ordination is the culmination of this process.

This and any other required application forms must be completed prior to an interview being scheduled with the district credentials committee. **A signed and notarized authorization and release form for you (and your spouse) must be submitted with your application.** If a copy of your Social Security card is not on file with your district, please provide one.

This application should be accompanied by a credential fee of \$ 100.00

GC USE ONLY

PLEASE ATTACH PHOTO

(Please do not staple)

To be used in your permanent records

Please Print:

Account number _____
(from Fellowship Card)

1. Full Name _____

2. Mailing Address _____
Physical Address _____
City, State, Zip _____
E-mail _____ Home Phone _____ Cell Phone _____

U.S. Citizen? yes no If you are not a U.S. Citizen, do you have the right to work in the U.S.? Permanently Temporarily

Type of visa or worker's permit and expiration date: _____ (please include a copy)

3. Date of birth _____ Social Security No. _____

4. Have you experienced any marital status change since your first application for credentials? yes no
If yes, please explain. _____

5. Present marital status: Single Married Divorced Widowed

6. Gender at birth Male Female Spouse gender at birth Male Female

7. Full name of spouse _____

8. Spouse's date of birth _____ Spouse's place of birth _____

9. Date of marriage _____ Has your spouse ever been divorced? yes no

10. Does your spouse hold credentials? yes no Type _____

11. Name and birth dates (mm/dd/yy) of children _____

12. What is your ministry position? _____ Where? _____

13. What other ministry have you engaged in since you were granted your present credential? _____

14. List all college, correspondence courses, seminars, or conferences you have participated in since receiving your present credential. **(Attach all new or updated transcripts to this application.)** _____

Please make sure you complete the back side of this form.

15. What ongoing mentorship relationships do you have in place? _____

16. What plans do you have to continue developing your ministry leadership? _____

17. Do you consent to a required General Council mandated background check including credit history? yes no
 If your answer is no, your application will not be processed.

Your signature: _____ Date: _____

REFERENCES:

Give as references the names and addresses of four **ordained** ministers (one of whom may not be Assemblies of God). If the applicant is not a senior pastor, one of the ministers listed as a reference should be, if possible, the applicant’s senior pastor.

ORDAINED MINISTERS

1. Name _____ Church _____
 Address _____ City _____ State _____ Zip _____
 Daytime phone: _____ Email _____

2. Name _____ Church _____
 Address _____ City _____ State _____ Zip _____
 Daytime phone: _____ Email _____

3. Name _____ Church _____
 Address _____ City _____ State _____ Zip _____
 Daytime phone: _____ Email _____

4. Name _____ Church _____
 Address _____ City _____ State _____ Zip _____
 Daytime phone: _____ Email _____



THIS SECTION TO BE COMPLETED BY DISTRICT OFFICE ONLY

OFFICIAL ENDORSEMENT:

All references were reviewed, and none contained information suggesting that the applicant is unfit for ministry.

Polity Exam grade: _____ (if coming from the certified level)

Date of interview by district credentials committee: ___/___/____. The _____ District approved did not approve this candidate on _____, 20__ for recommendation to the General Council for _____, and applicant will be publicly ordained/recognized on _____, 20__ . Certificate should be dated: _____.

Signed: _____
 District Secretary or District Superintendent

*The term *district* is interchangeable with *network* throughout this form.
 †Excerpt from the Statement of Fundamental Truths, 11. The Ministry.

This form is to be used only by the applicant who currently holds a Ministry License credential with the Assemblies of God and now desires to upgrade to Ordination. Applicants for ordination credentials should demonstrate spiritual maturity and proven ministry. Please read carefully the qualifications in the General Council and the district bylaws.