

# APPLICATION FOR UPGRADE TO ORDINATION

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/network bylaws. After all questions have been fully considered and answered, this application should be returned to the district/network secretary's office. This and any other required application forms must be completed prior to an interview being scheduled with the district/network 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/network, please provide one.

GC USE ONLY

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

**Please Print:**

Account number \_\_\_\_\_  
(from Fellowship Card)

**PLEASE ATTACH  
PHOTO**

*(Please do not staple)*

**To be used in your  
permanent records**

1. Full Name \_\_\_\_\_
2. Mailing Address \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
E-mail 1 \_\_\_\_\_ E-mail 2 \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
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.)** \_\_\_\_\_
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:** \_\_\_\_\_  
*Digital signatures not accepted.*

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

**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.**

**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, if possible, be the applicant’s senior pastor.

**ORDAINED MINISTERS**

1.	Name _____	Church _____
	Address _____	
	Street _____	City _____ State _____ Zip _____
	Daytime phone: _____	Email _____
2.	Name _____	Church _____
	Address _____	
	Street _____	City _____ State _____ Zip _____
	Daytime phone: _____	Email _____
3.	Name _____	Church _____
	Address _____	
	Street _____	City _____ State _____ Zip _____
	Daytime phone: _____	Email _____
4.	Name _____	Church _____
	Address _____	
	Street _____	City _____ State _____ Zip _____
	Daytime phone: _____	Email _____



***THIS SECTION TO BE COMPLETED BY DISTRICT/NETWORK 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/network credentials committee: \_\_\_/\_\_\_/\_\_\_ The \_\_\_\_\_ District/Network

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/Network Secretary or District/Network Superintendent

\*Excerpt from the *Statement of Fundamental Truths*, 11. *The Ministry*.