APPLICATION REQUEST FORM FOR REGION ORDINATION ACCREDITATION

West Virginia Baptist Convention, Ginny Prunty, PO Box 1019, Parkersburg, WV 26102-1019

Please include copies of: (A.) Ordination Certificate (B.) Diploma (College – Seminary – School of Christian Studies) (C.) Letter of reference

			DATE
NAMELAST	FIRST	MIDDLE	2 PHONE
ADDRESS STREET	CITY		STATE ZIP
DATE OF BIRTH		_PLACE OF BIRTH	
MARITAL STATUS: MARRI	ED	SINGLE	DIVORCED
SCHOOLS ATTENDED:			
HIGH SCHOOL		_GRADUATED	G.E.D
COLLEGE		_GRADUATED	DEGREE
SEMINARY		_ GRADUATED	DEGREE
SCHOOL OF CHRIS	FIAN STUDIES _	GRADUATED	DEGREE
OTHER			
CHURCH MEMBERSHIP			
PRESENTLY SERVING			
	CHURCH		LOCATION
	POSITION		
	ASSOCIATIO	N	
LICENSED BY			
CHURCH		ASSOCIATION	DENOMINATIO
ORDAINED BY			
CHURCH		ASSOCIATION	DENOMINATIO
RECOMMENDED BY		ORDINATION COMMITTEE	
	ASSOCIATION		DATE
COMMITTEE CHAIRMAN			
	NAME		PHONE
DATE APPROVED		SIGNATURE OF CANDIDATE	