APPLICATION REQUEST FORM
FOR

REGION ORDINATION ACCREDITATION

Please mail this form and the required attachments to
West Virginia Baptist Convention, Teresa Miller, PO Box 1019, Parkersburg, WV 26102-1019
or scan and email to tmiller@wvbc.org

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

DATE _____

NAME _____
LAST **FIRST** **MIDDLE** **PHONE**

ADDRESS _____
STREET **CITY** **STATE** **ZIP**

DATE OF BIRTH _____ **PLACE OF BIRTH** _____

MARITAL STATUS: MARRIED _____ **SINGLE** _____ **DIVORCED** _____

SCHOOLS ATTENDED:

HIGH SCHOOL _____ **GRADUATED** _____ **G.E.D.** _____

COLLEGE _____ **GRADUATED** _____ **DEGREE** _____

SEMINARY _____ **GRADUATED** _____ **DEGREE** _____

SCHOOL OF CHRISTIAN STUDIES _____ **GRADUATED** _____ **DEGREE** _____

OTHER _____

CHURCH MEMBERSHIP _____

PRESENTLY SERVING _____
CHURCH **LOCATION**

POSITION _____

ASSOCIATION _____

LICENSED BY _____
CHURCH **ASSOCIATION** **DENOMINATION**

ORDAINED BY _____
CHURCH **ASSOCIATION** **DENOMINATION**

RECOMMENDED BY _____ **ORDINATION COMMITTEE** _____
ASSOCIATION **DATE**

COMMITTEE CHAIRMAN _____
NAME **PHONE**

_____ _____
DATE APPROVED **SIGNATURE OF CANDIDATE**