

# Macedonia Missionary Baptist Union

## Application For Ministers Ordination

Please complete ALL information requested. (Please print or type)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ *Please print very carefully*

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Marital Status:      Married      Single      Divorced      Widowed

For which type of license are you applying? *All fees are non-refundable*

**Ordained Minister**      \$100.00 Application Fee

**Licensed Minister**      \$100.00 Application Fee

**Commissioned Min.**      \$50.00 Application Fee

Have you accepted Christ as your savior?

**YES**      **NO**

Have you received the call from God to be a Christian Minister?

**YES**      **NO**

Are you in harmony with the doctrines of this ministry?

**YES**      **NO**

Are you prepared to take the classes necessary to meet the requirements?

**YES**      **NO**

If granted a license, will you faithfully follow the guidance of the Holy Spirit and your pastor and avail yourself to serve the church?

**YES**      **NO**

Please state your reason for requesting the license:

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How have you come to sense God's call upon your life?

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Do you sense a specific calling on your life? i.e.: missionary, evangelist, pastor

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What type of Christian service have you been involved with in the past?

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**If you are a member of another church, please submit the following information:**

Name of Home Church \_\_\_\_\_  
Name of Pastor \_\_\_\_\_  
Church Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Church Phone #(\_\_\_\_\_) \_\_\_\_\_

By applying, I agree to bind myself to all the requirements and regulations of **Macedonia Missionary Baptist Union** way am I guaranteed a license unless the board and ministerial licensing committee determine that I qualify to receive one.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_