

Macedonia Missionary Baptist Union

Renewal Form for Ministerial 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

1. Please specify the type of ministry in which you are involved:

Pastor

Teacher

Youth

Missions

Evangelist

Assoc./Asst. Pastor

Music

Other _____

2. Please give a brief account of your ministry activities during the past year, furnishing specifics wherever possible.
