

ENDORSEMENT FORM FOR A DEACON

Please send this to:

Church of God of Prophecy State Office P.O. Box 220 Elizabethtown, KY 42702

| Candidate's Name: |
|---|
| Church Name: |
| Pastor's Name: |
| Date of Business Conference: |
| The pastor and the local church listed above have prayerfully considered and do hereby recognize the call of God upon the life of |
| Having come to this understanding, in full agreement, the local church at |
| hereby recommends for deacon. |
| We fully acknowledge a partnership with the State Office to equip |
| for the ministry God has called him to fulfill. |
| |
| Signed: |
| Pastor |
| Candidate for Deacon |
| Church Clerk |

(Please copy for the church files.)