

Covenant Life Ministries

Ministerial Credentials Application

Date _____ Type of Credentials: Ordination License

Full Name _____ Spouse Name _____

Applicant's Date of Birth _____ Spouse Date of Birth _____

Married Divorced Single Widowed Date Married _____

Street Address _____

City, State, Zip _____

Mailing Address (if different) _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

How long have you been in the ministry? _____

Briefly describe your ministry. _____

Church Name (or Ministry) _____

Address _____ City, State, Zip _____

Phone _____ Your Position _____ How long? _____

Do you presently have ministry credentials? _____ With whom? _____

REFERENCES

Name _____ Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Phone _____ Phone _____

Please enclose: 1) check to CLM for \$125 and 2) a current photo. (see Credential Information for details)

Mail to Covenant Life Ministries, 767 Lee Road, Clyde, NC 28721