

# TRANSFORMATION MINISTRY INSTITUTE

## Ordination Standards Application

Date of Application \_\_\_\_\_

Name of Applicant \_\_\_\_\_

First

Middle

Last

Address \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Fax. Number \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Denomination \_\_\_\_\_

Purpose for Ordination \_\_\_\_\_

Name of Church/Ministry \_\_\_\_\_

Church/Ministry Address \_\_\_\_\_

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

Church/Ministry Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Pastor's Name \_\_\_\_\_

**Candidate's Signature** \_\_\_\_\_

**Pastor's Approval Signature** \_\_\_\_\_

*(Some information is used by permission from JGM Enternational PrayerLife Institute, Bishop Jackie Green, Founder)*