

Apostolic Brethren Inc. Ministerial Application

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

Address _____ City _____ State _____ Zip _____ Phone Number _____

Church Name _____ Church Address _____ City _____ State _____ Zip _____

Pastor's Name _____ Pastor's Phone Number _____

1. Have you been ordained? YES / NO Have you been Licensed? YES / NO How Long? _____
2. How long have you been involved in teaching and/or preaching ministry? _____
3. Approximately how many times have you preached or taught this year? _____
4. Are you affiliated with any other organization? If yes, which one? _____
5. Are you involved in full time ministry? _____
In what other other occupation might you be employed? _____
6. Do you preach and teach the Five Fold Ministry according to Ephesians 4:11 _____
7. Are you called to one of the Five Fold Ministry and if so which one? _____
8. Please circle your marital status MARRIED SINGLE SEPERATED DIVORCED WIDOWED
If Separated or Divorced please explain on back of form
9. Do you believe, teach, and faithfully pay tithes _____
10. Do you believe and teach baptism in Jesus' Name according to Acts 2:38; 10:47; 19:3-5 _____
11. Do you believe and teach the Baptism of the Holy Ghost with the evidence of speaking in other tongues as the Spirit gives the utterance according to Acts 2:4; 10:45-46? _____
12. Do you believe and teach eternal punishment for the wicked after death? _____
13. Do you believe and teach the resurrection of the dead and the literal coming of our Lord Jesus Christ according to 1 Thessalonians 4:16-18? _____
14. Do you preach and practice clean and Holy living? _____
15. Will you surrender your credentials or license to the Board if at any time it is deemed Scripturally necessary? _ _____
16. Will you maintain integrity in your profession in order to be presentable before God and the people? _____
17. Are you willing to encourage a spirit of unity within the Brethren according to Psalm 133? _____
18. Type of License you are applying for?(Circle One) GENERAL LICENSE / ORDAINED MINISTRY

Applicant's Signature _____ Date _____

Pastor's Signature _____ Date _____

State Bishop _____ Date _____

General Chairman _____ Date _____

Secretary Treasurer _____ Date _____

Call 740-858-0405 if you have any questions and visit www.apostolicbrethren.com for current License Fee's
**Please send the completed and signed application (including Pastor's Signature) to
Apostolic Brethren Inc. - 129 Teagarden Road - West Portsmouth - Ohio - 45663**