



**Application for Ministerial Credentials**  
*To be completed by applicant.*

**Application for Lay Ministry Credentials**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of years at present address \_\_\_\_\_

Gender: Male: ☐ Female: ☐ Ethnicity: \_\_\_\_\_

Status: Single: ☐ Married: ☐ Divorced: ☐ Widowed: ☐ Spouse DOB: \_\_\_\_\_

College Graduate? YES: ☐ NO: ☐ Highest Degree Earned: \_\_\_\_\_

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**Educational Background**

High School Diploma? YES: ☐ NO: ☐ Year Graduated: \_\_\_\_\_

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**Church Background**

Participated in Sunday School? YES: ☐ NO: ☐ Youth Program? YES: ☐ NO: ☐

Denomination: \_\_\_\_\_

Church presently a member of \_\_\_\_\_

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Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Name of Pastor: \_\_\_\_\_

Type of ministry now serving in: \_\_\_\_\_

What do you feel your calling is? \_\_\_\_\_

How long have you been serving in ministry? \_\_\_\_\_

Do you hold ministerial credentials now? YES: ☐ NO: ☐

Name of Fellowship: \_\_\_\_\_

Have you ever been arrested? YES: ☐ NO: ☐ If yes, please explain at interview.

Have you ever been convicted of a felony? YES: ☐ NO: ☐ If yes, please explain at interview.

Date of conversion: \_\_\_\_\_ Date of water baptism: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

One time application fee of \$50.00 Annual Renewal Fee:\$50.00

Fees payable upon granting of credentials.

Submit Application to: [CECMC](#)

4045 Calvary Road, West Columbia, SC 29170 **Attn:** [Credentials Committee](#)

Two letters of reference are required. (Non-family members, one from a pastor)

To be completed by the sponsoring pastor:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To be completed by the sponsoring pastor:

Church Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Credentials to be issued: Lay Ministry ☐ Ordained ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_