



GRACELIFE MINISTRIES USA

APPLICATION FOR ORDINATION

OR LICENSE TO MINISTRY

NAME AS YOU WISH IT TO APPEAR ON CERTIFICATE:

ADDRESS:

PHONE:

CHURCH MEMBERSHIP:

CHURCH ADDRESS:

SENIOR PASTOR:

PASTOR EMAIL:

Please Fill Out The Check List:

1. ____ I have attached a statement of ministry experience.
2. ____ I have attached my personal testimony including my call to ministry.
3. ____ I have attached ____ letters of recommendation (minimum of 3).
4. ____ I have attached a statement explaining purpose of the above consideration.
5. ____ I have paid the cost of any certificate or package I am ordering.
6. ____ I have read, understand, agree with the doctrinal statement WE Believe on the GraceLife University website prior to applying for a Ministerial License or Ordination.
7. ____ I have attached a photograph of myself.

ARE YOU ELECTING TO ORDER?

LICENSE CERTIFICATE _____ ORDINATION CERTIFICATE _____

ORDINATION PACKAGE _____

NOTE: PLEASE DO NOT FORGET TO PAY YOUR ORDER FEE

**EMAIL THIS APPLICATION TO DR. GRAY AT:
DrGray@gracelifeuniversity.org