## Remnant of Grace Outreach Ministries, Inc.

13021 Main Street, Williston, South Carolina, 29853 • (803) 266-3789

## **Application For Ministers Ordination**

Please complete ALL information requested. (Please print or type)

Full Name				
Mailing Address _				
City		St	ate	Zip
Email Address				Please print very careful
Telephone Number	. ()		Date of Birth	n//
Marital Status:	Married	Single	Divorced	Widowed
For which type of I	icense are you	ı applying?	All fees are no	on-refundable
Ordained Mi	nister \$100.0	00 Application	Fee	
Licensed Mi	nister \$100.0	00 Application	Fee	
Commission	<b>ed Min.</b> \$50.0	00 Application	Fee	
Have you accepted	Christ as your s	savior?		
YES	NO			
Have you received t	he call from Go	d to be a C	hristian Minist	er?
YES	NO			
Are you in harmony	with the doctrin	nes of this m	ninistry?	
YES	NO			
Are you prepared to	take the classe	es necessar	y to meet the	requirements?
YES	NO			
If granted a license, your pastor and ava				the Holy Spirit and
YES	NO			

Please state your reason for requesting the license:
How have you come to sense God's call upon your life?
Do you sense a specific calling on your life? i.e.: missionary, evangelist, pastor
What type of Christian service have you been involved with in the past?
If you are a member of another church, please submit the following information:
Name of Home Church
Name of Pastor
Church Address
City State Zip
Church Phone #()
By applying, I agree to bind myself to all the requirements and regulations of Remnant of Grace Outreach Ministries, Inc. I also agree that in no way am guaranteed a license unless the board and ministerial licensing committed determine that I qualify to receive one.
Signed Date