



The King's Ministries International, Inc

Application for ORDINATION: (check one) Apostle Prophet Evangelist Pastor Teacher

Personal Data: Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Email: _____
Telephone: _____ Cell: _____ Birth date: _____ Birth Place: _____
Marital status: _____ Name of Spouse: _____ Number of children: _____
Gender: _____ Nationality: _____ Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Education: High School: _____ College: _____ Bible College: _____ Check all that apply
Names: _____ Address: _____ Degree: _____

Home church Information: Name: _____ Pastor's name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Affiliation: _____

Are you in ministry? Yes () No () Full time: () Part time: (). **Ministry Name:** _____

Are you a fivefold minister? Yes () No () Circle Function: Apostle, Prophet, Evangelist, Pastor, Teacher

How long have you been in ministry? _____

Do you presently have credentials from another ministry? _____ Name: _____

With my signature I hereby acknowledge I have read and agreed to the following:

- That the information that I have provided in this application, including all attachments and exhibits is true and accurate to the best of my knowledge.
- To uphold the standards of Holiness and Godly conduct governing ministers set forth in the Word of God. In my personal as well as professional life, and to be accountable to the members and leaders of King's Ministries International.
- To recognize and respect the spiritual leadership provided by the Governing and Advisory Presbyteries and to prayerfully consider God wisdom and Scriptural counsel afforded by them to me personally.
- To support King's Ministries International with my prayers and moral support, financial support as I am able and God provides, with my attendance of KMI meetings and functions whenever practicable, and by proactively promoting and recommending KMI to others desiring credentialing and affiliation with a ministerial association.

Prayerfully and willfully agreed to this _____ day of _____, 20____

Applicant: _____ Date: _____

Approving KMI Officer: _____ Date: _____