

ST. CHRISTY UNIVERSITY OF THEOLOGY & SEMINARY

INDEPENDENT RELIGIOUS MINISTER ORDINATION REQUEST FORM

CONFIDENTIAL



Please print information completely and clearly.

Personal Information							
Full Name Last: _____		First: _____		M.L.: _____		Maiden Name: _____	
Address: _____			Apt/Unit #: _____		City: _____		ST: _____
Home Phone #: _____		Cell Phone #: _____		Business Phone #: _____		Email Address: _____	
Are you a U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Birth : (MM / DD / YYYY) _____ / _____ / _____		*Marital Status: Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/>		Occupation/Retired: _____	
		Gender: Female Male		Spouse's Name (if applicable): _____			
Age: _____		Nationality: _____					
<i>*If currently engaged, please send written confirmation once married to update our records</i>							
Facebook name/ Instagram name: _____						Website: _____	
Do you have a Criminal Background? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please explain: _____			Have you ever had a background Check? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you current with your bills? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please explain: _____		
Church Affiliation and References							
Name of Church you Pastor/Attend: _____				Length of time attended (years): _____			
Your Senior Pastor: _____			Church Phone: _____		Fax: _____		Website _____
Church Address: _____			City: _____		ST: _____		Zip: _____
Do you Tithe? Yes <input type="checkbox"/> No <input type="checkbox"/> Will you Tithe 2% or 10% to World Council of Independent Christian Ministers once Ordained? Yes <input type="checkbox"/> No <input type="checkbox"/>			Please list your known Spiritual Gifts? (use the back of this form if necessary)				
Personal Ministry/Character References							
<i>*Please identify 3 (three) individuals other than a family member whom you have known for more than 1 (one) year.</i>							
Name: _____		Home &/or Cell#: _____					
Address: _____		City: _____			ST: _____		Zip: _____
Name: _____		Home &/or Cell#: _____					
Address: _____		City: _____			ST: _____		Zip: _____
Name: _____		Home &/or Cell#: _____					
Address: _____		City: _____			ST: _____		Zip: _____
Your Spiritual Journey							
Date Save: _____		Were you raised in a Christian Home? Yes <input type="checkbox"/> No <input type="checkbox"/>			Date Baptized: / /		
Briefly relate your Conversion experience: _____				Understanding that a minister of the Gospel must maintain the highest moral and ethical standards; do you feel there is any area of your personal life that would hinder your ministry at this time? Yes <input type="checkbox"/> No <input type="checkbox"/>			
				If Yes, please explain: _____			
<p>Applicants meeting the necessary requirements will come to the ordination service and be prepared to be a part of World Council of Independent Christian Ministers (WCICM) and maintain good standing. All Ordained ministers must agree to accept the following conditions in addition to aforementioned requirements:</p> <ol style="list-style-type: none"> Accept and abide by the doctrinal statement and core values of WCICM \$10.00 (International members) / \$20.00 (U.S. members) Monthly partner pledge and/or a 2% monthly tithe... if we are your church and spiritual covering a 10% tithe will be appreciated. 							

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Having a call of God on your life to extend His Kingdom, make disciples, and set the captives free. Return the completed ordination request forms along with the non-refundable fee of US\$30.00 or its equivalent if applying from outside the United States: provide two recommendations as shown below, neither of which are related to you or any family members.	
Attach a current photo (head and shoulders only). If you and your spouse are both applying, two separate applications must be completed with individual photos. If emailed, photo needs to be in a .JPEG format	
Ministry Recommendation	To be completed by your Pastor or a credentialed minister that has known you for 3 or more years. If a Pastor's letter is not available and you are a current student of St. Christy University of Theology & Seminary and seek to use the Seminary School as your church, we are happy to serve as your Pastors so please begin tithing a full 10% tithe instead of a 2% upon your application approval.
Personal Recommendation	To be completed by a friend or someone who has known you for 3 or more years

Ministry and Personal recommendations must be sent directly to: St. Christy University of Theology & Seminary. These recommendations are confidential. They must be returned to us by the one supplying the recommendations. Applications and recommendations are not to be sent to us together. Please send to: registrar@saintchristy.org
 If no email capability, please mail it to The Registrar, St. Christy University of Theology & Seminary, Attention: Ordinations, 35354 Corte San Felipe, Winchester, California, United States of America, Zip: 92596
 If you obtained this form from a St. Christy University Representative, you must return completed forms with all requested documentation to the same representative.

Benefits: As a legally ordained clergy member you will be permitted to:

- Legally perform wedding ceremonies in all 50 states (In the United States of America; some areas may require registration before conducting wedding ceremonies). Please refer to your country specific requirements.
- Share your personal religious beliefs with others
- Earn the respect accorded members of the clergy
- Qualify for tax free status as a religious order [check with the IRS beforehand]
- Legally charge for the religious rites you perform including weddings, funerals, services, etc.
- Establish a church, Ministry or home-group
- Conduct religious ceremonies and rites as a legally ordained member of the clergy
- As an ordained Pastor, Minister: Clergy Members receive preferred treatment, and price discounts
- Bring hope and faith to those in prison

Types of Ordination

Please indicate the title or office callings you desire to be noted on your Ordination papers.
 Choose the type of Ordination or combination of giftings from the list below.

- Ministry
- Prophetic
- Apostolic
- Dream interpretations
- Healing
- Deliverance
- Missionary Outreach
- Evangelism
- Counseling
- Pastor
- Intercession
- Teacher
- Ministry of Helps
- Market Place Minister Entrepreneur
- Creative Ministry, flags, dance, art, painting, writing, movies, graphic design etc.
- Other Please specify in writing _____
- Please indicate if you would like to be ordained in more than one category.

Checklist:

- Form of non-refundable payment (\$30.00) Check Credit Card Money Order Cash
- Application
- Photo (head & shoulders only)

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Please print information completely and clearly.

Your Vision

In an effort to share your vision concerning your ministry, please describe briefly your vision in a one-page typed essay including what you expect God to do through you.

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Highest Education Attained		
<i>List the highest level of educational institution attended and highest degree/level earned</i>		
Name of School:	Date:	Degree/Diploma/Major:
Your Ministry		
When and how did you receive the call of God on your life to enter the full-time ministry? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please explain God's leading and direction in your life in the box below (or on the back):		
Are you presently or have you ever been ordained? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Organization:	
Identify the area(s) of five-fold ministry, according to Ephesians 4:1, in which you are called by God:		
Transfer Ordination from:		
I agree with the Statement of Faith? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Statement of Truth		
I understand all items submitted to St. Christy University of Theology & Seminary, Inc. and World Council of Independent Christian Ministers, Inc. are part of the application process; becoming the permanent property of St. Christy University of Theology & Seminary, Inc. and will not be returned. This application will be held in confidence. Only those persons with a need to know basis will review it.		
I grant permission to St. Christy University of Theology & Seminary, Inc. and World Council of Independent Christian Ministers, Inc. and its leadership to verify the information provided on this application. I hereby state that all the information contained on this application is correct and true. If St. Christy University of Theology & Seminary, Inc. and World Council of Independent Christian Ministers, Inc. finds that any of the information contained on this application is false, it will be grounds for immediate cancellation and revocation.		
Signature: _____		Date: _____
<i>Review your application before submitting. Applications will not be processed until all required documents are received.</i>		
For Office Use Only		
Approved with comment:		Not Approved with comment:
Full Application Received : Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Recommendation letters Received: Yes <input type="checkbox"/> No <input type="checkbox"/>
Ordination Date scheduled:	Background Check: Pass <input type="checkbox"/> Not Pass <input type="checkbox"/>	Photo Received: Yes <input type="checkbox"/> No <input type="checkbox"/>
Approved by:		
Office Notes/Comments:		

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