

DEACON/DEACONESS APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Deacon Deaconess

Date of Birth _____ Married or Single _____

How long have you been saved? _____ Sanctified? _____ Filled with the Holy Ghost? _____

Have you been baptized in water? _____ If so, by whom? _____

How long have you been a member of the Church of God of Prophecy? _____

Do you feel a definite call to the ministry? _____

Have you had any previous experience in the ministry? _____

Have you served as a trial deacon or deaconess? If so what was the start date? _____

Will you apply yourself to the study courses available through the Church? _____

(Your pastor will familiarize you with these courses.)

Signature _____ Date _____

ENDORSEMENT

(To be completed by the pastor)

The local church at _____ has considered the calling and ability of this applicant and hereby recommends that a Deacon Deaconess certificate be issued to:

Date of conference _____

Signature of pastor _____ Date _____

Note: When both sections of this form have been completed, it is to be mailed to the State Office

North Carolina Church of God of Prophecy State Office | PO Box 699 Jamestown, NC 27282

Phone: 336-454-4118 or 336-454-3314 / Fax: 336-454-1677