



American Baptist Churches of Metro Chicago

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Chicago, Illinois 60641

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APPLICATION FORM AND RECORD FOR ORDINATION CANDIDATES

PERSONAL

Name _____
(First) (Middle) (Last)

Present Address _____
(Number and Street)

City/State/Zip _____

Preferred Phone _____ Alternate Phone _____

Email _____

Current Employment _____

Marital Status _____ Spouse Name _____

EDUCATION

Undergraduate School _____ City _____

Degree _____ Major _____ Date _____

Seminary _____ City _____

Graduation Date or Projected Date _____

Additional Graduate study or degrees _____

HOME CHURCH

(The ABCMC church of which the candidate is a member and through which the candidate plans to be ordained.)

Church Name _____

Church Address _____

Pastor _____

Pastor's email _____

What action has your home church taken in support of your call to ordained ministry? (Check all that apply).

- I have met with the Pastor and gained his/her support
- The church governing board has voted to support my ordination
- The congregation has voted to support my ordination

PROGRESS TOWARD ORDINATION

Are you registered with the American Baptist Personnel Service: Yes No

Have you ever applied for ordination and been refused or asked to wait? Yes No

If yes, please give details: _____

Have you been ordained previously? Yes No

Ordaining church _____

Address of records _____

Denomination recognizing your ordination _____

Name of person who will accompany you to the interviews (preferably home church pastor):

Name _____

Email _____

We have read the Procedures and Practices of the Commission on Ordination and Ministerial Standing Document

Candidate's signature _____

Pastor or church representative's signature _____

Date _____