



American Baptist Churches
of Metro Chicago

American Baptist Churches of Metro Chicago
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**APPLICATION FOR RECOGNITION OF
ORDINATION**

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: _____

Degree: _____ Date: _____

Additional Graduate Study or Degrees: _____

HOME CHURCH

(The church of which the candidate is a member and through which the candidate plans to obtain ABC recognition of ordination.)

Church Name: _____

Church Address: _____

Are you the Senior Pastor or solo Pastor of this church

- Yes
- No

If no:

Pastor: _____

Pastor's Email: _____

What action has your home church taken in support of ABC recognition of your ordination? (Check all that apply).

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

PREVIOUS ORDINATION

Ordaining Church: _____ Date: _____

Denomination recognizing your ordination: _____

If this is a Baptist denomination, is it a member of the Baptist World Alliance?

- Yes
- No

Name of the person who will accompany you to the interview with the Commission (pastor or lay leader)

Name: _____

Email: _____

We have read the "Procedures and Practices of the Commission on Ordination and Ministerial Standing" document, including the revised Section III, "The Recognition of Previous Ordination," dated Feb 1, 2014

Candidate's signature: _____

Pastor or church representative's signature: _____

Date: _____