



MS District Assemblies of God Credential Applicant Information



Name: _____

Address: _____

Email Address: _____

Home Church: _____ City: _____

Present Marital Status: Single Married Divorced

Have you and/or your spouse ever been divorced in the past? Yes No

Have you ever filed bankruptcy? Yes No

Credential Committee Meeting you wish to attend: Circle one: February August Year _____

Credential Level: _____ Educational Requirements Completed: _____

Briefly describe the following related to your ministry (past, present and future): calling, current ministry involvement and plans for the future.

I declare the information stated above is true and accurate to the best of my knowledge. **I have read the General Guidelines and Basic Qualifications and feel that I have met the necessary requirements.**

Applicant Signature

Date