

Report of Ministerial Ordination or Licensure

Full name and address of brother ordained or licensed:

Name of Spouse _____

Phone _____ Birth date _____

Office: (Check one) _____ Minister _____ Bishop _____ Deacon

Status: (Check one) _____ Ordained _____ Licensed

If license, period of License: _____ to _____

Place (church or mission) of ministerial responsibility:

Local church or mission function/assignment (Circle one):

Senior pastor, associate pastor, bishop, overseer, deacon, youth pastor, other

(if other, explain): _____

Date of ordination or license: _____

Place of ordination ceremony:

Was the CMC approved Ministerial Questionnaire used in the examination of the candidate?

Yes _____ No

Officiating Minister: _____

Ordained ministers who assisted: _____

Officiating bishop or overseer

Signature

Date

This form should be filled out by the officiating minister immediately after the ordination or licensure and sent to Conservative Mennonite Conference, 9910 Rosedale MC Rd, Irwin, OH 43029.