TDE_____

CODE:_____

. Church of Our Lord Jesus Christ of the Apostolic Faith, , Inc.

HEADQUARTERS: 2081 *Adam Clayton Powell, Jr. Boulevard, New York, New York* 10027, *USA*

APPLICATION FOR CREDENTIAL

BOARD OF APOSTLES
Bishop W.L. Bonner, *Chief Apostle*
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Bishop T.E. Woolfolk, *Executive*
Bishop Fred Rubin, *Recording*
Bishop *Raymond* J. *Keith, Jr., Corresponding*
Bishop Clarence Groover, *Financial*
Elder Richard D. Williams, *Treasurer*

Application for:

Social Missionary O Deacon O Licentiate O District Elder O Apostle O
Senior Missionary O Exhorter O Elder O Bishop O Exchange O

Name (Mr ., Mrs., Miss)_____
(Circle one) Last First Middle

Address_____Telephone_____

City _____State_____ Zip Code_____

Male O Female O Age_____ Date of Birth: Month_____Day_____Year_____

Diocese _____Bishop_____

Date Baptized in Jesus' Name (Acts 2:38)_____Date Baptized with the Holy Ghost (Acts 2:4)_____

Where Baptized? Church _____ City _____ State_____

Are You: Single O Married O Separated O Divorced O

Husband's Name_____ Wife's Maiden Name_____

Were you married before you married your present companion? Yes O No O

If Yes, *how* was marriage *terminated? Death* O Divorce O *Other* O *explain *on reverse* side

Had your husband's/wife's companion been married before him/her? Yes O No O

If Yes, how was their marriage terminated? Death O Divorce O Other* O *explain on reverse side

State church connections after being saved (Spiritual birth [Acts 2:4] and give reason for leaving.)

1._____

2._____

Why do you desire to unite with this church?_____

Do you subscribe to the doctrine, rules, and regulations of this church as set forth in the Discipline Book? Yes O No O

Do you believe in and pay tithes? Yes O No O Are you a new applicant from another organization? Yes O No O

If yes, name the organization_____

If ordained, date of ordination _____By whom ordained? _____

Schools Attended? Elementary_____High School_____ College_____

Bible School_____ Seminary_____Other_____

What is your calling?

Evangelist O Pastor O Teacher O Deacon O Foreign Missionary O Home Missionary O

Name of your Pastor_____Telephone_____

Pastor's Address (Street)_____(P .0. Box)._____

City _____State _____Zip Code_____

Current *Status;* (Credentials you now *hold)* How many years?_____If none, check here: O

Senior Missionary O Social Missionary O Exhorter O Local Licentiate O Ordained Deacon O Bishop O

Are *you* now pastoring? Yes O No 0 If yes, give name and address of the church you now Pastor:_____

Name_____ Telephone_____

Address_____City_____Sate_____ZIP_____

Signature of Applicant_____Date_____

Signature of recommending Pastor_____Date_____

(Applicant's Pastor must recommend and sign, except in unusual situations.)

DO NOT WRITE BELOW THIS LINE. FOR EXAMINER'S USE ONL Y.