

**Trinity Full Gospel Fellowship, Inc.  
Cedar Hill, Texas**

**Ordination Application**

**An Association of Independent Churches and Ministers**

The applicant for ministerial credentials must fill out the registration form completely. For the sake of accuracy, please type or print neatly.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Circle One:** MALE FEMALE

**Nationality:** \_\_\_\_\_

**MARITAL STATUS:**

- Married
- Remarried
- Widowed
- Divorced (Please explain)
- Single
- Separated (Please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you now or have you been a member of another ministerial fellowship, group, or organization? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ministerial Classification:  Pastor  Evangelist  Missionary  Other  
If "Other" (please explain)

\_\_\_\_\_  
\_\_\_\_\_

To be completed by an officer or secretary of the sponsoring church:

Church Name: \_\_\_\_\_

Pastor Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP CODE

I hereby apply for membership in the Trinity Ministries, Inc. I generally subscribe to the statement of faith.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

**MAIL TO:**

Trinity Full Gospel Fellowship  
1400 Kari Ann Dr.  
Cedar Hill, TX 75104-3612

Office use only: Approved by: \_\_\_\_\_ Date: \_\_\_\_\_