

ORDINATION RECORD

DATE OF ORDINATION _____ TIME OF ORDINATION (am) (pm) (circle one)

LOCATION OF ORDINATION _____

MINISTERS CONDUCTING ORDINATION (*at least two required*)

(1) _____ (2) _____

NAME CONGREGATION _____

PERSONS ORDAINED:

<p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p> <p>Check: <input type="checkbox"/> Minister <input type="checkbox"/> Certified Spiritual Healer <input type="checkbox"/> Diplomat of Earth Stewardship</p> <p>Donation: \$ _____</p> <p>Congregation: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p> <p>Check: <input type="checkbox"/> Minister <input type="checkbox"/> Certified Spiritual Healer <input type="checkbox"/> Diplomat of Earth Stewardship</p> <p>Donation: \$ _____</p> <p>Congregation: _____</p>
<p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p> <p>Check: <input type="checkbox"/> Minister <input type="checkbox"/> Certified Spiritual Healer <input type="checkbox"/> Diplomat of Earth Stewardship</p> <p>Donation: \$ _____</p> <p>Congregation: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p> <p>Check: <input type="checkbox"/> Minister <input type="checkbox"/> Certified Spiritual Healer <input type="checkbox"/> Diplomat of Earth Stewardship</p> <p>Donation: \$ _____</p> <p>Congregation: _____</p>
<p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p> <p>Check: <input type="checkbox"/> Minister <input type="checkbox"/> Certified Spiritual Healer <input type="checkbox"/> Diplomat of Earth Stewardship</p> <p>Donation: \$ _____</p> <p>Congregation: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p> <p>Check: <input type="checkbox"/> Minister <input type="checkbox"/> Certified Spiritual Healer <input type="checkbox"/> Diplomat of Earth Stewardship</p> <p>Donation: \$ _____</p> <p>Congregation: _____</p>

RECORDED BY: Name of Recorder (Print) _____

(Signature) _____ Date _____