POB 141204 Staten Island, NY 10314-1204 (718) 720-6546

Application For Ministers Licensing Program

Please complete ALL information requested. (Please print or type)

Full Name:			
Mailing Address:			
City:	St	ate:	_ Zip:
Country:			<u></u>
Email Address:			
)		
Date of Birth:/	/		
Have you accepted Christ	as your savior? YES [] NO	[]	
Have you received the cal	I from God to become a Ch	ristian Ministe	r? YES [] NO []
Which type of license ar	e you applying for: All Fe	ees are non-r	efundable
[] Ordained Minister	\$75.00 Application Fee	PavPal [1	Check []
	\$50.00 Application Fee		
	\$25.00 Application Fee		
	\$10.00 Application Fee		
Marital Status:			
	ed [] Single [] Divorced	[] Widowed	[] Separated
Are you in harmony with a	II the Core Doctrines of TLC	Fellowship?	YES [] NO []
	es and sections of our doctri		
not in agreement with and	provide your scriptural basi	s for such othe	er understanding belov
[] Article 1 Purpose			
	[] Section 3 [] Section 4	4 [] Section !	5 [] Section 6
[] Article 2 Statement of F			
[] Article 3 Core Doctrines	S		
[] Section 1: Bibliography:	: The Holy Bible		
[] 1.1 Old Testament [] 1			
[] Section 2: Theology Pro	•		
	2.2 Christology [] 2.3 Pneu	ımatology	
[] Section 3: Anthropology			
[] Section 4: Soteriology -	Salvation		

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[] 4.1 Election [] 4.2 Repentance [] 4.3 Regeneration [] 4.4 Justification					
[] 4.5 Sanctification [] 4.6 Progressive Sanctification [] 4.7 Eternal Security					
[] Section 5: Angelology					
[] 1.1 Satan and His Demons: Fallen Angels [] 1.2 Holy Angels					
[] Section 6: Ecclesiology – The Church					
[] 6.1 Definition [] 6.2 The Universal Church					
[] 6.3 The Local Church [] 6.3.1 Local Church Offices					
[] 6.4 Gifts of The Holy Spirit					
[] 6.4.1 Prophesy [] 6.4.2 Service [] 6.4.3 Teaching [] 6.4.4 Exhortation					
[] 6.4.5 Giving [] 6.4.6 Leadership [] 6.4.7 Mercy [] 6.4.8 Word of Wisdom					
[] 6.4.9 Word of Knowledge-Illumination [] 6.4.10 Faith [] 6.4.11 Healing					
[] 6.4.12 Miracles [] 6.4.13 Distinguishing of Spirits [] 6.4.14 Tongues					
[] 6.4.15 Interpreter of Tongues [] 6.4.16 Apostle [] 6.4.17 Helps					
[] 6.4.18 Administrator [] 6.4.19 Evangelist [] 6.4.20 Elder					
[] 6.5 The Gospel [] 6.5.1 The Person of Jesus [] 6.4 The Message of Jesus					
[] 6.6 Ordinances of The Church: Baptism, Communion, Laying On of Hands					
[] 6.6.1 The Lord's Supper [] 6.6.2 Water Baptism [] 6.4 Laying on of Hands					
[] 6.7 Ordination					
[] Section 7 – Eschatology: The Study of Last Things					
[] 7.1 Individual Eschatology [] 7.1.1 Spiritual Death [] 7.1.2 Physical Death					
[] 7.1.3 Eternal Death [] 7.1.4 Intermediate State [] 7.1.5 Resurrection of the Just					
[] 7.1.6 Resurrection of the Unjust [] 7.2 Global Eschatology					
[] 7.2.1 Great Tribulation [] 7.2.2 The Second Coming of Jesus [] 7.2.3 Millennium					
[] 7.2.4 Final Judgment					
[] Article 4 Affiliation					
[] Article 5 Fellowship					
[] Section 1 [] Section 2 [] Section 4					
[] Section 5 [] Section 7					
[] Article 6 Council of Elders					
[] Section 1 - Principles of Eldership Control [] Section 2 - Composition of The Council					
[] Section 3 – Appointment of Elders [] 3.1 Qualifications of Elders					
[] Section 4 – Powers					
[] Section 5 - Appointment of Deacons [] Section 5.1 Qualifications For Deacons					
Specify with Scriptures which of the above checked items you are in disagreement with:					
Please state your reason for requesting a license:					

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How have you come to sense God's call upon your life?
-
Do you sense a specific calling on your life? i.e.: missionary, evangelist, pastor, cell leade etc.
Are you prepared to study the appropriate biblical books necessary to meet the requirements? Please check one [] Yes [] No
What type of Christian service and education have you been involved with or received in the past?
Please describe your home or facility where fellowship services will be held

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If granted a license, will you faithfully follow the guidance of the Holy Spirit, your pastor and the Council of Elders and avail yourself to serve the church? [] Yes [] No

If you are a member of another church, please submit the following information:

Name of Current Chu Name of Pastor:			
Church Address			
City	State	Zip	
Church Phone #			
OATH:			
I understand that in no	way am I gua	ranteed to be	issued a license unless the Council of

I understand that in no way am I guaranteed to be issued a license unless the Council of Elders, at their sole discretion, determine that I qualify to receive one. By applying, I affirm that all statements made on this application is/are true and correctly and accurately reflect my current situation and beliefs as of the date of this application. I further agree to be bound by all requirements, regulations and doctrinal positions of The Lord's Children Fellowship. If after the date of this application and upon the issuance of a license I alter, change, modify, or question any position or belief, or have a change in marital status, I am duty bound to inform my pastor and/or The Lord's Children Fellowship Council of Elders immediately.

Signed		
Date		