

Report of Ministerial Ordination or Licensure

Name of Brother Ordained or Licensed: _____

Date of Birth: _____ Name of Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of ordination or licensure: _____

(Check one) _____ Ordained _____ Licensured

If licensured, period of licensure: _____ to _____

Office (Check one): _____ Minister _____ Deacon

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

_____ senior pastor _____ associate pastor _____ deacon _____ missionary _____ other

(if other, explain) _____

Place (church or mission) of ministerial responsibility: _____

Place of ordination or licensure ceremony: _____

Officiating Minister or Overseer (print): _____

Ordained ministers who assisted: _____

Officiating Minister or Overseer _____

Signature

Date

This form should be filled out by the officiating minister immediately after the ordination or licensure and emailed to [Brian Hershberger](#) or mailed to:

Rosedale Network of Churches, 9910 Rosedale Milford Center Rd, Irwin, OH 43029