Faith Miracle Temple of Toronto Inc.

Application for Ordination

I am convinced that the call of God into the Ministry of	is on my life. I want to answer that call and
diligently commit to the office and work of a/an	. I wish to be ordained with the laying on of hands and
commissioned to the said office by authorized Clergy in Holy	Orders of the presbytery. I hereby tender this application as a
worthy candidate for ordination and International licensing.	
Application Form	
TITLE:	
FULL NAME:	
ADDRESS:	
POST CODE:	-mail:
Tel: M	obile:
Into what office are you applying to be ordained?	
(eg: Bishop - Apostle - Pastor - Evangelists - Prophet - Prophetess - Rev - Minister).	
CHRISTIAN DENOMINATION: □Pentecostal □Adve	ntist □Apostolic □Baptist □Other
Are you currently in good standing as a member/office	r of a Church? (Yes) (No)
Name of your Pastor/Supervisor:	Contact Number:
CHARACTER REFERENCES: Written character references are required from two cre	dible and prominent Christian persons who have known
you for at least five (5) years.	
Signature of Applicant:	Date:

Application subject to approval by: Bishop Dr. AL Baxter All information given are kept Private and Confidential.

Your completed and signed application should be sent to: Bishop Dr Al Baxter: Mobile: 416 820 2099 E-mail: admin@fmtonline.org