



LICENSE APPLICATION ORDINATION LOCAL PREACHERS		
1) NAME:		
5) AGE:BIRTHDAY:		
6) EMAIL:		
7) Are you married?	8) How many marriages?	
9) If more that one (1) marriage, was the divorce fo	or adultery? Matthew 19:9	
If more than one (1) marriage, fill o	out the supplemental questionnaire.	
10) The Congregational Holiness Church is oppose	ed to any form of homosexual activities. What is your	
position?		
11) Do you use tobacco in any form?		
12) Highest Academic Level Completed:		
Grammer School High School	College	
List any special courses:		
13) How long have you been a member of the CHC?	?	
14) At what CH church is your membership held?		
15) Are you saved?	16) Sanctified?	
17) Are you Baptized with the Holy Ghost with the	evidence of speaking in tongues?	
18) Have you been baptized in water in the name o	of the Father, and of the Son,	
and of the Holy Ghost?		
19) Have you studied the CHC Discipline?		
20) Are you in Harmony with its teachings?		

21) How you been active in preaching?	Teaching
	How Long?
22) Do you pay tithes according to the plan se	et forth in the Discipline?
if not, will you do so?	
23) Have you held license with any other den	omination or independent church?
If so, have these license been surrendered?	
Give reason for leaving them:	
24) Will you cooperate with, and esteem you	r District and General Officials?
25) Will you support the District and General	programs?
26) Will you promote loyalty by attending the	e Quarterly and Semi-Annual District Conferences and
Camp Meetings, and etc.?	
27) If applying for Local Preacher's License h	ave you preached more than 50 sermons?
28) If applying for Ordination License, how lo	ng have you held Local Preacher's License?
Have you been called to pastor a church?	
Have you preached 100 sermons?	
29) Will you be willing to pastor?	
30) Have you been recommended by your loo	cal church?
Applicant's Signature:	
Pastor's Signature:	
Church Secretary's Signature:	
FOR DISTRICT	PRESBYTERY USE ONLY
DATE EXAMINED:	
APPROVED	() REJECTED ()
REMARKS:	

ONE COPY OF THIS FORM WILL BE RETAINED IN THE DISTRICT OFFICE FILES AND ONE COPY WILL BE MAILED TO THE INTERNATIONAL HEADQUARTERS OFFICE IN GRIFFIN, GEORGIA



SPECIAL FORM FOR APPLICANTS APPLYING FOR LICENSE WHO ARE DIVORCED AND REMARRIED

1) NAME:	_
2) DATE OF DIVORCE:	-
3) Brief explanation for reason of divorce:	_
4) Date of remarriage:	
5) Name of current spouse:	_
LIST THE NAME OF YOUR FORMER SPOUSE AND INFORMATION ONLY IF THE DIVORCE OCCURRED WITHIN THE LAST 5 YEARS	D
6) Name of former spouse:	
7) Address of former spouse:	
8) Telephone of former spouse:	_

COPIES OF THIS FORM WILL BE FILED WITH THE LICENSE APPLICATION IN APPLICANTS' RESPECTIVE DISTRICT OFFICE AND AT THE INTERNATIONAL OFFICE IN GRIFFIN, GEORGIA