

OHIO COMMISSION ON MINISTRY

CANDIDATE INFORMATION

Last Name:	First Name:	Middle:
Preferred Name:	Marital Status:	Spouse Name:
Date of Birth:	Gender:	Ethnicity:
Cell Phone:	Home Phone:	
Email:		
Address:		
City:	State:	ZIP Code:

MINISTRY CALL INFORMATION

I am: (circle one)	Ordained	In Seminary	UCC Ordained	Seeking to be Commissioned
If Ordained what Denomination:			ORD Date:	
Seminary:				
City:	State:	ZIP Code:		
Years Completed:	Projected Grad Date:	MDIV Recvd:		

CHURCH INFORMATION

Church Name:		
Address:		Phone:
City:	State:	ZIP Code:
Supporting Pastor Name:		

SIGNATURES

Signature of Candidate:	Date:
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