

Substitute Ordination Certificate Form

Name:			
Address:			
Phone: ()	Email address:	Email address:	
Current Appointment	t:		
Current District:	[_] Bay [_] Dem [_] Dot [_] M/PC [_] Mob [_] MT-OP [_] MT-PT [_] PNS		
Current Status:	[] Full Connection Elder	[] Full Connection Deacon	[] Local Pastor
	[] Provisional Elder	[] Provisional Deacon	[] Associate Member
Year of Ordination:			
		valid and I understand that I am eges associated with that ordinate	_
	Notar	y Section:	
I hereby certify that a	all the information I have provi	ded is true and accurate. Subsc	ribed to and sworn
before me on this	date of	20	
Notary Signature		 Date	