Healing Souls Ministry
Application for Ordination/Licensure

The following is the policy for granting ministerial license and ordination with Healing Souls Ministry for licensure or ordination. Those who hold traditional Christian beliefs and values will be considered and are subject to approval by HSM. Full ministerial ordination is granted for an initial filing fee of $55.00 and a bi-annual renewal fee of $35. The applicant must provide three (3) letters of recommendation (not family). One of these letters should be from an area pastor.

Please print out and complete. It is important to complete all information.

Last Name _____ First _____ Middle _____Sex _____

Street Address _____ City_____ State____ Zip _____

Home Phone_____ Office Phone_____ Fax _____

Birth___-___-___ Church Membership _____

Pastor's Address_____ City_____ State_____ Zip_____

Total Years of Christian Service _____ Highest Academic Level Achieved _____

I respectfully apply for the following consideration: 1.

____ Licensure 2. ____ Ordination 3. Both _____

Do you presently hold Ministerial credential(s)? _____ Type _____
Name of the issuing organization_____ Date of issue_____

Are you presently active with that organization? _____ (if "no," attach a sheet of explanation).

Check List

1. ____ I have attached a statement of ministry experience.

2. ____ I have attached ____ letters of recommendation (minimum of 2; no family!).

3. ____ I have attached a statement explaining why I should be granted the above consideration.

4. **____ I have enclosed $55.00 for the printing and delivery of my ordination package.**

6.____ I have read and agree with the HSM code of ethics...

7. ____ I have enclosed a photograph of myself.

Affirmation - By signing below I affirm and acknowledge...

... I will uphold the standards of the Bible which is the only and true source of the divinely written oracles of God. .

... I will be true to the Christian faith.

... I will be true to the calling in which my Lord has entrusted me.

... I will endeavor to live a life before God and man that is a living example of Christian service.

... I will endeavor to live a life that doesn't bring reproach to Healing Souls Ministry or any other outreach or ministry of Healing Souls Ministry.

...I will freely give permission to HSM to conduct a National Agency Check or other investigations as HSM deems necessary.

...that the laws of the State of Mississippi, USA shall apply.

...that I will voluntarily surrender any certificate, license or ordination issued by HSM if I violate any of the above affirmations.

Signature _____ Date: _____-_____-_____

This application must be completed and signed before it will be processed. Do not leave blank spaces. If you have any questions, please call us.

(For HSM use only)
Approved: ____ Denied: ____ by: _____ Date_____

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