

Liberty Fellowship of Churches & Ministers, Inc.

REQUEST FOR: _____Ordination _____Provisional Ordination

Name: _____

Phone: _____ Date: _____

Church/Ministry Name: _____

Address: _____

*Which credentials are you presently holding? _____License _____Provisional Ordination

*How long have you held credentials with Liberty Fellowship? _____

Please give a brief summary of your present ministry and why you are requesting the above credentials:

Please list one ordained member of Liberty Fellowship as a reference; including phone number:

When submitting your request, please be sure to include a letter of recommendation from your pastor or from one whom you are accountable to.

Signed

Date

Please submit to: Liberty Fellowship, 5229 Kelly Elliott Road, Arlington, Texas, 76017