



ALABAMA STATE MINISTRIES
CHURCH OF GOD OF PROPHECY

Deacon/Deaconess Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Deacon: Deaconess: Married: Single: Date of Birth: _____

How long have you been saved? _____ Sanctified? _____ Baptized with the Holy Ghost? _____

Have you been baptized by water? YES NO By whom? _____

How long have you been a member of the Church of God of Prophecy? _____ Do you feel a definite call to the ministry? YES NO

Have you served as a trial Deacon/Deaconess? YES NO If so, when? _____

Have you had any previous experience in the ministry? YES NO If so, when? _____

Will you apply yourself to complete the Foundation Courses? YES NO
(Your pastor will familiarize you with these courses.)

Signature: _____ Date: _____

Endorsement to be completed by pastor

The local church at _____ has considered the calling of this applicant and hereby recommends that a Deacon Deaconess certificate be issued to _____.

Date of Conference: _____

Pastor's Signature: _____ Date: _____

Upon completion of this form, mail to the State Office at:
Alabama State Ministries, P O Box 707, Bessemer, Alabama, 35021
Phone: 205.425.1905 Website: www.alcogop.org