

# HERITAGE INTERNATIONAL ASSEMBLY OF PENTECOSTALS

P.O. Box 7, 201 South 2nd St., Wrightsville, PA 17368-0007

## Recommendation for Ministerial License/Ordination

Please answer the questions as completely as possible and return to above address.  
All replies are held in the strictest of confidence.

Name of Applicant: \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

In what capacity have you known him/her? \_\_\_\_\_

Do you have reason to believe the applicant will **NOT** remain permanently in the ministry?  Yes  No

If yes, explain or attach explanation \_\_\_\_\_

As far as you know, is the applicant doctrinally sound?  Yes  No

If no, please attach explanation.

Please check the box which best describes the applicant's

	Excellent	Good	Fair	Poor
Dependability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic capabilities (spouse/children).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward financial obligations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedication to the ministry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Ministerial abilities</u>				
Preaching.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth activities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your opinion, should the applicant be licensed?  Yes  No

should the applicant be ordained?  Yes  No

Please write any additional comments or explanations which you feel would be helpful in our consideration of the applicant:

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Name of recommending minister: \_\_\_\_\_

Name of your church: \_\_\_\_\_

Church mailing address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, the undersigned, declare that the above statements are true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_