

Historical Louisiana First Jurisdiction | Church of God in Christ, Inc.

DEPARTMENT OF WOMEN

JURISDICTIONAL APPLICATION FOR LICENSING

(PLEASE PRINT ALL INFORMATION)

Full Name (First, Middle, Last): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ -- _____ Cell Phone: () _____ -- _____

Applicant's Email Address: _____

District Name: _____ Local Church: _____

Pastor's Name: _____ Pastor's Phone: () _____ -- _____

District Missy _____ District Supt. _____

Marital Status: [] Single [] Married [] Separated [] Divorced

Name of Spouse: _____ Spouse's Position: _____

Number of Children: _____ (SPECIAL NOTE) Number of Children under the age of 9: _____

POSITIONS HELD IN THE CHURCH:

Local _____ # of years served _____

District _____ # of years served _____

Jurisdiction _____ # of years served _____

PREREQUISITES

Have you shared the Spoken Word of God in a Worship Service? [] Yes [] No

Have you taught a Sunday School Class or Bible Study Group? [] Yes [] No

Have you graduated from C.H. Mason Bible College? [] Yes [] No (must have certificate)

Have you completed the School of Licensing and Credentialing? [] Yes [] No (must have certificate)

Have you completed the Standardized Ordination Curriculum? [] Yes [] No (must have certificate)

Have you attended your District Women's Day/Events? [] Yes [] No (# of years attended) _____

Have you attended the Jurisdictional Women's Convention? [] Yes [] No (# of years attended) _____

Have you attended Jurisdictional Meetings/Events? [] Yes [] No

What area(s) of ministry do you feel you are called to? _____

Applicant's Signature: _____

Recommending Pastor's Signature: _____

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OF THE HISTORICAL LOUISIANA FIRST JURISDICTION.**

Church of God in Christ, Inc.
Historical Louisiana First Jurisdiction
Department of Women

CERTIFICATE OF RECOMMENDATION FOR MISSIONARIES

This is to certify that, Sister _____
whose membership is with the _____ church
of _____ (City, State) is a faithful and obedient supporter
of her church and Pastor. An example of those with whom she labors. She has been a member of
_____ church for _____ years
I gladly recommend her to your Board and approve her licensure should you find her eligible.
Praying God's blessings on her labor.

Please check below to indicate which type of license is being recommended.

☐ Deaconess Missionary ☐ Evangelist Missionary

_____/_____/_____

Pastor's Signature

Date Issued

Phone #: () _____ -- _____ Email: _____

ACKNOWLEDGEMENT OF RECOMMENDATION

_____/_____/_____

District Missionary's Signature

Date Acknowledged

Phone #: () _____ -- _____ Email: _____

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NATIONAL APPLICATION OF LICENSURE

Department of Women
Church of God in Christ, Inc.

MISSIONARY LICENSURE

APPLICANT INFORMATION

1. Full legal name (*first, middle, last*) _____

2. Previous names (*maiden, alias, previous married, pre-adoptive*) _____

3. Date or birth: _____
(MM/DD/YYYY)

4. Current address _____
Number & Street City State Zip Code

4a. Have you resided here at least 7 years? ☐ Yes ☐ No

5. Previous address _____
Number & Street City State Zip Code

6. Contact information () ()
Cell Phone Number Fax Number Email Address

7. What is your marital status? ☐ Married ☐ Single ☐ Divorced ☐ Widow 8. Do you have children? ☐ Yes ☐ No

9. Highest level of education completed? ☐ HS Diploma ☐ GED ☐ Some college ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctoral

10. When did you receive salvation? (*mo/yr*) _____ 11. How long have you been a member of COGIC? _____

12. Name of local church _____ Pastor's Name? _____

13. Local church address _____
Number & Street City State Zip Code

14. Church contact information () _____ 15. How long have you been a member of your local church? _____
Phone Number

16. Are you a tither? ☐ Yes ☐ No

17. Are you a consistent contributor to your local ministry (this includes general offerings, Pastoral and Church Anniversary)? ☐ Yes ☐ No

20. Name of jurisdiction _____

21. Bishop's name? _____ Bishop's Email Address? _____

22. Jurisdictional headquarters address _____
Number & Street City State Zip Code

23. Jurisdictional contact information () ()
Phone Number Fax Number

24. Supervisor's name _____ Supervisor's Email Address? _____

25. Department of Women jurisdictional headquarters _____
Number & Street City State Zip Code



LICENSURE APPLICATION CHECKLIST

Department of Women
Church of God in Christ, Inc.

Please remit to the Headquarters Office of the Int'l Department of Women ~ 715 Edith Street, Memphis, TN 38101 ~ Fax (901) 775-5000

Full name: _____

Current address: _____
Number & Street City State Zip Code

Contact information: () () _____
Cell Phone Number Fax Number Email Address

Name of local church: _____ Pastor's Name: _____

Local church address: _____
Number & Street City State Zip Code

Church Phone Number: () _____
Phone Number

Name of jurisdiction: _____ Bishop's name: _____

Jurisdictional headquarters address: _____
Number & Street City State Zip Code

Jurisdictional contact information: () () _____
Phone Number Fax Number

Supervisor's name: _____

Department of Women jurisdictional headquarters: _____
Number & Street City State Zip Code

I have successfully completed the following required tasks:

- ☐ Attained a letter of recommendation from my Pastor
- ☐ Completed the Jurisdictional Missionary Institute training
- ☐ Completed the online Background Authorization from
- ☐ Completed the online Sexual Misconduct test
- ☐ National Application of Licensure

Signature of Candidate

Date

Signature of Jurisdictional Bishop Date

Signature of Jurisdictional Supervisor Date

Signature of Jurisdictional Executive Secretary Date