

**Northwest Regional Christian Church (Disciples of Christ)
18000 72nd Ave S, Suite 171, Kent, WA 98032
Telephone: 253.893.7202 // FAX: 425.251.4967
Email: nwrcc@disciplesnw.org**

Request for Ministerial Licensing

Please print information in dark ink (blue or black)

Date: _____

Name: _____

Address: _____

Phone: (____) _____ **E-mail:** _____

Current Place of Ministry: _____

Immediate Past Place of Ministry: _____

Are you now licensed? _____

If so, please list date and place of licensing: _____

Denomination of Licensing:

If licensing denomination is not Christian Church (Disciples of Christ), please list denomination's name, along with the address and telephone number of judicatory office that granted your license. Include E-mail address if possible.

Names and dates of Colleges, Universities and Seminaries attended, along with degrees earned:

Specialized training (types, institutions and places) institutions):

Reason for requesting licensing in the Northwest Region:

If you seek renewal of licensing, please list any church-related seminars or classes you have completed since your current license was granted. Please include dates and places.

List names, addresses and telephone numbers of three references:

Signature _____

Please return completed form to
Northwest Regional Christian Church
(Disciples of Christ)
18000 72nd Ave S., Suite 171
Kent, WA 98032

Thank you.