

International Union of Deacons Ordination Form

Church of Our Lord Jesus Christ of the Apostolic Faith, Inc.

Deacon Clarence Hawkins, IUD Chairman

City of Ordination _____ Date _____

Applicants Name _____

Address _____

Phone: Cell _____ Home _____

Email Address _____

Church Name _____

Address _____

Phone _____

Email Address _____

Pastor _____

Background Check

- Passed
- Failed

Applicant's Signature _____ Date _____

Local Chairman's Signature _____ Date _____

Pastor's Signature _____ Date _____

IUD Chairman _____ Date _____