



UNITED METAPHYSICAL CHURCHES

EDUCATION COMMITTEE

DEACON APPLICATION FORM

Name _____ Phone (h) _____
Address _____
City _____ State _____ Zip _____
Member Church _____ Date Joined Member Church _____

You must hold a Licentiate Certificate for a minimum of one year before applying for the Certificate of Deacon.

Please answer all questions thoroughly, using additional sheets when necessary.

1. How many years have you studied Divine Metaphysics? _____ With what organizations other than United Metaphysical Churches have you studied?

2. Why do you want to be a Deacon with the United Metaphysical Churches?

3. Describe your public speaking experience. Include in your answer whether you speak under spirit control, in trance, by inspiration, or following a text.

4. During the past YEAR: How many church lectures have you given? _____ How many times have you been the Liturgist? _____ In what ways have you served your church? _____

5. List all courses, dates and credits you have completed EXTERNAL to the seminary.

6. Do you feel competent to meet the opponents of Divine Metaphysics in oral public debate or in the press? ☐ Yes ☐ No If not, what course of action do you plan to follow to become competent? _____

7. Give a short statement of what Divine Metaphysics means to you.

8. What is your vision of your future missionary work?

I attest that all the information I have presented is true and that I am a believer in the religion of Divine Metaphysics. I will, to the best of my ability, labor to promote, support and advance the religion of Divine Metaphysics as exemplified by the United Metaphysical Churches and strive to maintain its integrity. I shall conduct myself in such a manner as to reflect positively upon the religion of Divine Metaphysics and I will abide by the Constitution and Bylaws of the United Metaphysical Churches.

Date _____ Signature _____

For UMC Education Committee Use Only

Date Ed/C Received Application for Associate Licentiate _____

Payment Received _____ Check Number _____

Examination Date: _____ Grade _____

Associate Licentiate Certification Recommendation: ☐ Favorable ☐ Unfavorable

Comments: _____

Ed/C Chairperson Signature _____

Deacon Certificate Sent Date _____ Ed/C Initials _____



UNITED METAPHYSICAL CHURCHES

1488 Peters Creek Road NW

Roanoke, VA 24017

540-562-4889

Unitedmeta.org