



UNITED METAPHYSICAL CHURCHES

EDUCATION COMMITTEE

ORDINATION APPLICATION FORM

Name (as you want it to appear on your Certificate)

Name (as you want it to appear on your Certificate) _____

Name _____ Phone (h) _____

Address _____

City _____ State _____ Zip _____

Member Church _____ Date Awarded Deacon _____

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

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

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

List all courses, dates and credits you have completed EXTERNAL to the seminary, giving the course(s) and credits completed

List other certifications you hold/have held with the United Metaphysical Churches.

During the past YEAR: How many church lectures have you given? _____ How many times have you been the Liturgist? _____ Have you ever been the chairperson of a committee? YES _____ NO _____ Which ones?

In what ways have you served your church?

What are your reasons for seeking Ordination with the United Metaphysical Churches?

How much time do you expect to devote to your spiritual ministry?

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?

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

What are your future goals as a minister of metaphysics?

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 _____

Application fee **\$50**. Make checks payable to: **United Metaphysical Churches** and return to the address above. Include **Attn: Education Committee in the address**.

Due Diligence: Official FBI fingerprint and background check to be submitted by student 6 months prior to certification.

For UMC Education Committee Use Only

Date Ed/C Received Application for Ordination _____

Payment Received. _____ Check Number _____

Ordination Recommendation: Favorable _____ Unfavorable _____

Comments:

Ed/C Chairperson Signature _____

For UMC Board of Trustees Use Only

Date of Review _____

Ordination Recommendation: Favorable _____ Unfavorable _____

Comments:

Secretary Signature _____



UNITED METAPHYSICAL CHURCHES

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Unitedmeta.org