



APPLICATION FOR CERTIFICATE OF LAY MINISTRY

THE BELOW ADDRESS WILL BE USED FOR MAILING THE CERTIFICATE

NAME	
ADDRESS	
CITY / STATE / ZIP	
PHONE	
ADD ME TO TEXT ALERTS	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMAIL	
DISTRICT	
PASTOR'S NAME (PRINT)	
PASTOR'S SIGNATURE	

CERTIFICATE TYPE (PLEASE CHECK ONE): ANNUAL RENEWAL FIRST TIME CERTIFICATE

RECIPIENT'S NAME (AS TO APPEAR ON CERTIFICATE)	GENDER	NAME OF CHURCH (AS TO APPEAR ON CERTIFICATE)	CITY & STATE (AS TO APPEAR ON CERTIFICATE)	PRESENTATION DATE (AS TO APPEAR ON CERTIFICATE)

MAIL, EMAIL, OR FAX THIS FORM TO:

THE DISCIPLESHIP PLACE
 17001 PRAIRIE STAR PKWY
 LENEXA, KS 66220

EMAIL: DISCIPLESHIPPLACE@NAZARENE.ORG

FAX: 913-577-0872

PHONE: 888-243-2767