



POWER IN PRAISES  
DELIVERANCE MINISTRIES

53 Guided Court Unit 22&23 | Etobicoke ON| M9V 5G2  
Tele: 647-931-0405 Fax: 289-201-9608  
www.powerinpraisesdm.com

**CLERGY CREDENTIAL RENEWAL APPLICATION FORM**

**Application must be fully completed**

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_\_) \_\_\_\_\_

Is this a new address from the previous year? YES NO

**MINISTRY INFORMATION**

Position Applied for:

**Ordained Pastor** \_\_\_ **Ordained Evangelist** \_\_\_ **License Minister** \_\_\_

Indicate your area of Ministry: Pastor \_\_\_ Ass/Assoc Pastor \_\_\_ Evg \_\_\_ Missionary \_\_\_

Other: \_\_\_\_\_

CHURCH NAME: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Please turn over**

Signing below, bares witness that all information provided is true. Failure to provide false information may result in the cancellation of your application. Mail this application to the address noted above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**DD/MM/YY**

**Mail, email or fax this Application along with your \$50.00 Fee to:**

53 Guided Court Unit 23  
Etobicoke, Ontario  
M9v 5G2

**Send Payment to**

**Email:** [csr@powerinpraisesdm.com](mailto:csr@powerinpraisesdm.com)

**Website:** [www.powerinpraisesdm.com](http://www.powerinpraisesdm.com)

**WOULD YOU LIKE A CLERGY CARD    YES    NO**

If you would like to have a clergy card please also enclose an additional fee of \$20.00 and a head shot photo.

<b>For Office Use Only</b>	
Approved By: _____	Date Received: _____
Signature: _____	Paid Fee _____