

**APPLICATION FOR MINISTERIAL CREDENTIAL OR LICENSE
WITH THE
APOSTOLIC BROTHERHOOD INTERNATIONAL
24455 E. TERRACE
PORTER, TX 77365
832-354-7574**

Date of Application _____ Telephone _____

Full Name _____ Birth Date _____ Nationality _____

Address _____ City _____ State _____ Zip _____

Marital Status: Married _____ Single _____ Divorced _____

Any previous marriages? _____

Have you been baptized in the name of Jesus Christ? _____

Where? _____ When? _____ By Whom _____

Have you received the Holy Ghost with evidence of speaking in other tongues as the Spirit of God gave you utterance?

Where? _____ When? _____

Present Calling: Pastor _____ Evangelist _____ Worker _____
Missionary _____ Other _____

Have you been called into the ministry by the Holy Ghost? _____

What are you doing to fulfill your calling? _____

Have you been ordained? _____ When? _____ Where? _____

By whom or what organization? _____

How long have you been in the ministry? _____

Name 3 places you have ministered _____

Do you believe & teach the ministry should be supported by tithes & offerings?_____

If above answer is no, please explain._____

Do you believe & teach divine healing for the body?_____

If above answer is no, please explain._____

Do you believe in the literal second coming of Jesus Christ?_____

If above answer is no, please explain._____

Do you believe in eternal punishment for the wicked?_____

Do you follow peace with all men, and holiness, without which no man shall see the Lord?_____

Will you earnestly contend for the faith that was once delivered to the saints?_____

Will you study to show yourself approved unto God being a workman that need not be ashamed rightly dividing the Word of Truth?_____

Will you endeavor to keep the unity of the Spirit in the bonds of peace until we all come into the unity of the faith?_____

Are you in harmony with the views of the apostolic church that judgment begins at the house of God, including the marriage & divorce question?_____

Recommended by: (Please have signatures)

1. _____

2. _____

3. _____

Support of Organization

A \$25 Application Fee must accompany this application for license. A \$35 fee is required for applications for full credentials.

Are applying for full credentials (Ordination Certificate)?_____

Please send this application & appropriate fee to:

Chairman Perry Cathey
24455 E. Terrace
Porter, TX 77365

Monthly Dues for the support of ABI are as follows:

\$15 per month for incomes below \$20,000 per year.

\$20 per month for incomes above \$20,000 per year.

There is also a yearly License Fee due each January equal to the appropriate Application Fee above.

Send dues & pledges to:

Apostolic Brotherhood International (or ABI)
24455 E. Terrace
Porter, TX 77365

For Office Use Only:

Accepted_____	Rejected_____		
Worker License_____	Local License_____	General License_____	Ordained_____