



# INTL ORDINATION RENEWAL

Fill in every blank and complete each question. Please print or type.

## PERSONAL INFORMATION (Please Print or Type)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you:  Single  Married  Divorced  Widowed

Spouse's Name: \_\_\_\_\_ Spouse's Birthdate: \_\_\_\_\_ Anniversary: \_\_\_\_\_

## MINISTRY INFORMATION

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Has your primary field of ministry changed?  Yes  No

If yes, what is your primary field of ministry? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date