

# CERTIFICATION APPLICATION



NORTH AMERICAN  
LUTHERAN  
CHURCH

## PERSONAL INFORMATION

Last name \_\_\_\_\_ Title (Dr. / Rev. / Rev. Dr.) \_\_\_\_\_

First name \_\_\_\_\_ Middle name or initial \_\_\_\_\_ Suffix (Jr., Sr., III) \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (other) \_\_\_\_\_

Primary email \_\_\_\_\_ Citizenship \_\_\_\_\_

Sex  Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital status  Single  Married Spouse's name \_\_\_\_\_

If previously married: Date of marriage \_\_\_\_/\_\_\_\_/\_\_\_\_ Date marriage ended \_\_\_\_/\_\_\_\_/\_\_\_\_

Marriage ended by:  Death  Divorce - explain reason for divorce (If more than one previous marriage, provide full information on additional page) \_\_\_\_\_

Ordination date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one):  Active  Retired

Denominational affiliation  NALC  LCMC  ELCA  ELCIC  LCMS  
 Other (Name) \_\_\_\_\_

Are you currently a member of an NALC congregation?  Yes  No

- If yes, provide congregation name, city, and state/province:

\_\_\_\_\_  
\_\_\_\_\_

- If no, indicate which NALC congregation you will join if you are certified (congregation name, city, state/province):

\_\_\_\_\_  
\_\_\_\_\_

## Current Call (or Employment)

Church name \_\_\_\_\_

(OR Employer \_\_\_\_\_)

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

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Please return this form to:  
North American Lutheran Church  
PO Box 130455  
Roseville MN 55113  
or email: [certification@thenalc.org](mailto:certification@thenalc.org)**

**or Click here to upload individual documents:  
<https://airtable.com/shr3R6rG1fL03Fncz>**

Call Pastor Amy Little with questions at: 419-571-8689