

CERTIFICATION APPLICATION

Commissioned Lay Minister



PERSONAL INFORMATION

Last name _____ Title (Mr. / Mrs. / Ms.) _____

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 name _____

Commissioning 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
General Secretary
2299 Palmer Dr., Suite 220
New Brighton, MN 55112-2202**

**888-551-7254
mchavez@thenalc.org**