

REPORT FORM FROM ORDINATION COUNCIL

Today's Date _____ Date of Interview _____

Name of Candidate Interviewed _____

Name of Host/Presiding Minister _____

Name of Host Congregation _____

Address of Presiding Minister _____

Location of Ordination Council _____

Names of Sponsoring Congregations _____

Names of Council Participants

Action taken:

_____ We approve the candidate for ordination and hereby report this action to the Commission on Ministry of the Christian Church in Indiana.

_____ We disapprove the candidate for ordination. (If the Council acts to disapprove, a letter is to be sent to the region within 10 days stating the Council's reasons for disapproval. A copy of the statement will be made available to the candidate.)

Date of Ordination _____

Place of Ordination Service _____

Use reverse side for comments.

Signed _____
(Host/Presiding Minister)

Mail to: Commission on Ministry, Christian Church in Indiana, 1100 W. 42nd Street, Indianapolis, IN 46208
or FAX to 317/931-2034