

APPLICATION FOR ECCLESIASTICAL ENDORSEMENT FOR CHAPLAINCY

Applicant Information

Name _____

Address _____

(street)

(city)

(state)

(zip code)

Telephone _____ Cell Phone _____ S.S. _____

E-mail Address _____

Branch of Chaplaincy (Army, Navy, Airforce, V.A., Coast Guard, CAP, etc) _____

Graduate Level of Schooling & Degrees Received _____

List Graduate Level Schools Attended _____

Marital Status (Have you ever been divorced?) _____

Church Information

Name _____

Address _____

(street)

(city)

(state)

(zip code)

Telephone _____ E-mail Address _____

Status with N.T.A.I.B.C. (active; applicant; etc.) _____

Pastor's Name _____

Address _____

(street)

(city)

(state)

(zip code)

Telephone _____ E-mail Address _____

Please state why you are seeking Ecclesiastical Endorsement from the N.T.A.I.B.C.

Are you in agreement with the N.T.A.I.B.C. Religious Requirements and Practices for Chaplains? _____

Date _____

Signature _____

Send this completed form to: **Dr. Richard Paige**
N.T.A.I.B.C.
8856 East Fairfield Street
Mesa, AZ 85207

(Keep a copy for your files)