

Universal Church of the Master

1361 S. Winchester Suite 115 San Jose, CA 95128 Ph: 408-370-6519 Fax 408-370-6591 www.u-c-m.org

APPLICATION FOR LICENTIATE/HEALER CERTIFICATION

DATE

APPLICANTS LEGAL NAME

MAILING ADDRESS

APT #

CITY

STATE

ZIP

(_____) _____
TELEPHONE

EMAIL

____/____/____
DATE OF BIRTH

BIRTH PLACE

SEX: M F

CURRENT EMPLOYMENT

List Applicants Spiritual Gifts:

ATTACH A RECENT
PASSPORT
TYPE
PHOTOGRAPH
OF APPLICANT IN
THIS SPACE

Education (check all that apply)

- High School
Business College
Two Year College AA/AS
Four Year College BA/BS
Graduate School MBA/MA/MS
Graduate School PhD/DSC

Please read the following questions and check the appropriate answers:

1. Have you been instructed in the various laws of your state and area concerning Healing and Private Counseling?
 Yes No
2. Who instructed you about these laws? _____
3. Are you familiar with the basic principles of Spiritualism as adopted by the **Universal Church of the Master**?
 Yes No
4. Do you understand that you cannot hold and do you agree that you will not hold any ministerial certifications nor any church charters from any organization other than the **Universal Church of the Master**? Yes No
5. Do you fully understand that you cannot use the title "Reverend" and are **NOT** legally authorized to perform the marriage ceremony until you have received your ordination certificate? Yes No
6. Do you fully understand your ethical and moral responsibilities as a Minister in the **Universal Church of the Master** and do you accept the obligation to honor these moral principles? Yes No
7. Have you read and do you agree to comply with the Constitution and By-Laws of the **Universal Church of the Master**?
 Yes No
8. Do you feel qualified to conduct an entire church service, to perform marriage ceremonies and funeral services, and to fulfill all of the other duties required and expected of an Ordained Minister? Yes No

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List the names of the spiritual teachers with who you have studied. (Attach additional sheet, if necessary, to list all teachers)

Period of study and topics studied.

1. _____
NAME OF CURRENT SPONSOR

ADDRESS

CITY

STATE ZIP

1a. From _____ to _____

Topics Studied:

2. _____
NAME OF TEACHER

ADDRESS

CITY

STATE ZIP

2a. From _____ to _____

Topics Studied:

3. _____
NAME OF TEACHER

ADDRESS

CITY

STATE ZIP

3a. From _____ to _____

Topics Studied:

I, _____ am applying for the following reasons:

APPLICANT

APPLICANT

WITNESS

APPLICANT SIGNATURE

WITNESS SIGNATURE

DATE

DATE

ADDRESS

CITY

STATE

ZIP