

**CIGN RELATIONAL INFORMATION SHEET**

(This is not an application for ordination.)

Name (Last) \_\_\_\_\_ Date \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Nation \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Age of Salvation \_\_\_\_\_ Age baptized in Holy Spirit \_\_\_\_\_

Please circle the level of commitment you are interested in: **Ordination** or **Licensure**

**FAMILY INFORMATION**

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Date \_\_\_\_\_ Widowed \_\_\_\_\_ Date \_\_\_\_\_

Divorced \_\_\_\_\_ Date \_\_\_\_\_

**Spouse's Name** First \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Age of Salvation \_\_\_\_\_ Age baptized in Holy Spirit \_\_\_\_\_

**MEMBERS OF YOUR HOUSEHOLD**

Name	Relation	Age	Present Status with the Lord
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(If additional space is needed – attach separate sheet)

**EDUCATIONAL INFORMATION**

High School (circle grade you completed)	9	10	11	12	Graduated	GED
College (Secular or Bible)	Location			Years Attended or Degree		
_____	_____	_____	_____	_____	_____	_____

**CHURCH / MINISTRY INFORMATION**

Name of Your Ministry \_\_\_\_\_

How long in this Ministry? \_\_\_\_\_ Church Member? Yes \_\_\_\_\_ No \_\_\_\_\_

Your Home Church \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Nation \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

How Long in this Church? \_\_\_\_\_ Your Ministry Position \_\_\_\_\_ Church Phone \_\_\_\_\_

**MINISTRY INFORMATION**

Age called to Ministry \_\_\_\_\_ Years active in the Ministry \_\_\_\_\_ Briefly describe your call to Ministry

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To which of the five-fold ascension gift ministries do you believe you are called? (Eph. 4:11, 12)

\_\_\_ Apostle \_\_\_ Prophet \_\_\_ Evangelist \_\_\_ Pastor \_\_\_ Teacher \_\_\_ Not sure yet

Has this been confirmed? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of times \_\_\_\_\_ How and by whom?

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What is your present ministerial function?

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What is your major ministry burden (vision, message) now?

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Are you interested in membership/ordination with the CIGN? If so, why?

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**REFERENCE INFORMATION**

What current member of CIGN recommended you for membership in CIGN?

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Please list any fellowship, denominational or ministerial association affiliations you currently hold

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Licensed with \_\_\_\_\_ Date \_\_\_\_\_

Ordained with \_\_\_\_\_ Date \_\_\_\_\_

Other relationship with \_\_\_\_\_

Have you ever been disciplined or expelled by a church, denomination or other governing body?

No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, what was the reason for discipline? [Attach paper if necessary]

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Were you counseled in regard to the above? Yes \_\_\_\_ No \_\_\_\_ If Yes, by whom?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Nation \_\_\_\_\_

**SPOUSE'S SECTION**

(The following must be completed by the applicant's spouse)

Name \_\_\_\_\_ Age Saved \_\_\_\_\_

Occupation \_\_\_\_\_

**EDUCATIONAL INFORMATION**

High School (circle grade completed)	9	10	11	12	Graduated	GED
College (Secular or Bible)	Location			Years Attended or Degree		

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**MARITAL HISTORY**

Date Married \_\_\_\_\_ Widowed \_\_\_\_ Date \_\_\_\_\_ Divorced \_\_\_\_ Date \_\_\_\_\_

**CHURCH / MINISTRY INFORMATION**

Your Church Home \_\_\_\_\_

Your Ministry Position \_\_\_\_\_

**MINISTRY INFORMATION**

Present spiritual ministry function \_\_\_\_\_

Briefly describe your call to ministry and ministry work you are now doing.

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Are you, as a help-mate of this applicant, in full agreement with his/her call, conviction and commission as related to this application? Yes \_\_\_\_ No \_\_\_\_ Are you willing to be

Ordained or Licensed with your mate as co-laborers in this ministry? Yes \_\_\_\_ No \_\_\_\_

Give your conviction and concerns about the two of you being ordained together.

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What effect do you feel this ordination will have upon your marriage?

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What will be your main contributions to this co-ministry together with your mate?

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**REFERENCE INFORMATION**

Please list any fellowship, denominational or ministerial association affiliations you currently hold:

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Ordained with \_\_\_\_\_ Date \_\_\_\_\_

Other relationship with \_\_\_\_\_ Date \_\_\_\_\_

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Were you counseled in regard to the above? Yes \_\_\_\_ No \_\_\_\_ If Yes, by whom?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Nation \_\_\_\_\_

Applicant's Signatures

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

This form may be sent email to Prophet Jim and Apostle Judy Stevens at:

stevensapteam@columbus.rr.com or mailed to: CIGN  
c/o Dr. Jim Stevens  
P.O. Box 13  
Waldo, OH 43356