

APPLICATION FOR INCARDINATION

Name _____ DOB _____

Address _____

Phone _____ email _____

Please detail your educational history below with schools attended, degrees earned, and dates:

When were you ordained? _____ Are you ordained in the Apostolic Succession? Yes/No

Which ministry do you currently practice?

If you are the pastor of a church do you wish to associate your ministry with the ECC?
Yes/No

What is the name of the church? _____

Have you been consecrated? Yes/No If yes, when? _____

Have you reviewed our church creed (Creed of the Charismata) and our statement of beliefs at www.episcopalcatholicchurch.org and are you in agreement with those? Are there any things you disagree with? Please explain on the next page.

I agree to release and hold harmless the Episcopal Catholic Church, from all liability pertaining to my ministry, and I acknowledge that the ECC is not responsible for the actions of its ministers, if they violate the law? Furthermore, I acknowledge that I may not act as a legal agent of the ECC without express permission of the church's leadership?

{Signature}

{Date}

Please email this signed Application Form, along with copies of diplomas, transcripts, ordination certificates, consecration certificate to: **episcopalcatholicchurch@gmail.com**