



Apostolic Restoration Ministry Church, Inc.

Office of Administration

Email completed forms to armchurchforms@gmail.com

MINISTER APPROVAL FORM

***** TO BE COMPLETED BY THE REQUESTER *****

REQUESTING DEPARTMENT:

1. Requesting Department: _____

2. Description of service: _____

3. Date of service: _____

MINISTER'S INFORMATION:

1. Name: _____

2. Telephone No.: _____

3. Church: _____

4. Church Address: _____
Street Name City, State Zip

5. Pastor: _____

6. Pastor's Telephone No.: _____

SPECIAL COMMENTS:

Signature of Department Head: _____ Date: _____

***** TO BE COMPLETED BY THE ADMINISTRATIVE DEPARTMENT *****

Date request received: _____ Date Pastor received request: _____

Signature of AO Representative Date: _____

_____ Approved:

_____ Denied:

Signature of Pastor Date: _____