FORM 2 [2018/2019]

FORM 2

**EXPLANATION OF DIVORCE(S)**

(To be completed by the Applicant)

*(Removal of divorce as a barrier for district licensing or ordination as a deacon or elder)*

DISTRICT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Print Full Legal Name)*

DATES OF ALL MARRIAGES and DIVORCES:

(If a spouse is deceased, give date of death).

Marriage #1 Name of Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marriage Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Divorce (or Death) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marriage #2 Name of Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marriage Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Divorce (or Death) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marriage #3 Name of Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marriage Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Divorce (or Death) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marriage #4 Name of Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marriage Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Divorce (or Death) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Attach a *signed* (with original signature) and *dated* document (preferably typed, single-spaced, 12-size font) explaining the following:

1. Significant facts and details regarding each marriage ending in divorce or death and reasons for divorce.
2. If presently married, write a brief paragraph about how you met your spouse, and if your spouse is a Christian and is supportive of your ministry, etc.
3. Give a clear and detailed testimony to salvation and sanctification.
4. Write a brief paragraph about your ministry in the local church where you are a member.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***(Original signature is required)***