

# Florida Theological Chaplaincy Academy

## Ordination Ceremony Registration Form

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### Candidate Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Chaplaincy Information

Program Completed: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

Church/Ministry Affiliation (if any): \_\_\_\_\_

Pastor/Leader Name: \_\_\_\_\_

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### Ordination Ceremony Details

Preferred Ceremony Date: \_\_\_\_\_

Have you completed all program requirements?

Yes  No

Will you attend the full ceremony rehearsal (if required)?

Yes  No

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### Ordination Packet (\$100 Required)

Includes:

- Robe Rental
- Ordination Stole (Yours to Keep)
- Ceremonial Candle (Yours to Keep)

**Payment Method:**

Cash  Cash App  Zelle  Card

**Payment Status:**

Paid in Full  Pending

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**Sizing Information (For Robe Rental)**

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Robe Size (if known):** \_\_\_\_\_

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**Agreement & Acknowledgment**

I, the undersigned, certify that I have completed all required coursework and understand the responsibilities associated with ordination through the Florida Theological Chaplaincy Academy. I agree to uphold the standards, ethics, and integrity of the Academy.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Office Use Only**

**Application Received By:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Payment Verified:**  Yes  No

**Approved for Ordination:**  Yes  No

**Administrator Signature:** \_\_\_\_\_