



Universal Brotherhood Movement, Inc.
PO Box 670278
Coral Springs, FL 33067
Voice: (954) 574-9904
Web: www.UniversalBrotherhood.org

Request for Ordination Instructions

Please fill out the form on the reverse side of this application.

- Attach a passport sized photo
- Include your Bio Sketch
- Include payment (\$95.00 US ordination fee + \$55.00 US Annual Membership fee for a total of \$150.00 US)
- For outside the US: Include payment (\$95.00 US ordination fee + \$80.00 International Annual Membership fee for a total of \$175.00 US)
- Send the form, Bio Sketch, and your payment info to the address above.

Notes and Remarks (For Minister Director use only):

Check List (for office use)

Payment Info: _____ Amount _____ Credit Card _____ Check _____ Check No. _____

Interviewed: _____

Bio Sketch received: _____ Yes _____ No

Photo Received: _____ Yes _____ No

Date Certificate Sent: _____

Location: _____

Ordained by: _____

Ministers Ledger Number: _____

ID Card & Welcome Letter Sent: _____ Yes _____ No Address List: _____

Ordination Date: _____ Notes: _____

Request for Ordination

Please Print Clearly!

Legal Name: _____

Country of Birth: _____ Date of Birth: _____

Address: _____

City: _____ State / Province: _____

Postal Code: _____ Country : _____

How would you like to be addressed: _____

Name as it should appear on your B. Div. Cert.: _____

Home Phone: _____ Email: _____

Work Phone: _____ Mobile Phone: _____

Name of Spouse or "Significant Other" : _____

Person not living with you who will always know how to contact you:

Name : _____

Address: _____

City: _____ State / Province: _____

Postal Code: _____ Country : _____

Home Phone: _____ Work Phone: _____

How did you find out about UB?: _____

Your ministerial focus and name: _____

Do you present workshops / seminars? : Yes No (attach information if yes)

Do you grant permission to share your contact information with Universal Brotherhood

University?: Yes No

Do you grant permission to share your contact information with other UBM members?:

Yes No

Do you grant permission to share your contact information with others seeking any

services you may provide?: Yes No

I Request Ordination into Universal Brotherhood Movement, Inc.

Signature : _____ Date: _____

ATTACH
PHOTO
HERE