

# Validated Ministry Registration Form



Use this form to report a validated ministry within 60 days of the change.

Ministers of the Word and Sacrament must provide verification from the presbytery validating the ministry at their initial hire and annually thereafter. The executive presbyter, stated clerk, or moderator of the presbytery may validate this ministry by either signing the presbytery authorization section of this form or by forwarding written verification to the Board under separate cover.

This form cannot be processed if the presbytery verification is not received.

## Member information

Name \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

## Service information

Effective date of ministry *(mm/dd/yyyy)* \_\_\_\_\_

Employer name \_\_\_\_\_ PIN *(if applicable)* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_ Email \_\_\_\_\_

Synod \_\_\_\_\_ Presbytery \_\_\_\_\_ Tax ID # \_\_\_\_\_

### Employer authorization *(cannot be the applicant)*

On behalf of the employer, I certify that all the information I have provided is true. I understand that an employer account manager will reach out to me to complete the enrollment process.

Authorized person's name *(print)* \_\_\_\_\_

Signature *(required)* \_\_\_\_\_ Date *(mm/dd/yyyy)* \_\_\_\_\_

Title \_\_\_\_\_

Daytime phone (     ) \_\_\_\_\_

## Presbytery authorization

By signing this form, the authorized representative for the presbytery confirms that this member is engaged in a validated ministry in accordance with the Book of Order.

Presbytery name \_\_\_\_\_ Authorized representative name *(please print)* \_\_\_\_\_

Official capacity \_\_\_\_\_ Daytime phone (     ) \_\_\_\_\_

Signature *(required)* \_\_\_\_\_ Date *(mm/dd/yyyy)* \_\_\_\_\_