



Spiritualist Church of Canada

Ordination Application

Name: _____

Address: _____

City/PR/PC: _____

Tel/Fax: _____ *Email:* _____

Certificates Held with S.C.C.

Other Studies in Spiritualism

Have you served a Divine Church Service? Yes / No
How Often and Where?

Church Affiliation: _____

How long have you been a Spiritualist? _____

How long have you been a member of a Spiritualist Church? _____

How long have you been a member of the S.C.C.? _____

Signature of Applicant

Date

Fee \$50.00

