WELS CHAPLAIN CERTIFICATE Ecclesiastical Endorsement Request

The following form is to be filled out and submitted to your District President. The District President will forward the request to the Synod President to provide the letter of Ecclesiastical Endorsement.

District:	President	:		
Name		First		MI
AddressNumber and Street		City	State	Zip Code
Home Phone		·		
Email address				
Present Employer/Call				
Why are you interested in pursuing \	WELS ecclesiastical end	dorsement?		
Applicant's signature			Date	
I verify that the above named Wisconsin Evangelical Luthera WELS Minister of the Gospel.				
District President's signature			Date	
In the event that you cannot give endorsemen	nt, give the reason(s):			