

# THE PRESBYTERIAN COUNCIL FOR CHAPLAINS AND MILITARY PERSONNEL

CUMBERLAND PRESBYTERIAN CHURCH  
PRESBYTERIAN CHURCH (U.S.A.)

CUMBERLAND PRESBYTERIAN CHURCH IN AMERICA  
KOREAN PRESBYTERIAN CHURCH ABROAD

4125 NEBRASKA AVENUE, N.W., WASHINGTON D.C. 20016-2790 – TEL. 202-244-4177  
PRESBYTERY APPROVAL FORM FOR ORDAINED APPLICANT SEEKING ECCLESIASTICAL APPROVAL

## CONFIDENTIAL

The following individual is seeking an Ecclesiastical Endorsement for the Chaplaincy

Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

1. The above named applicant has applied for the Ecclesiastical Endorsement of the Presbyterian Council for Chaplains and Military Personnel. No clergy may be appointed or serve as a military or VA chaplain without this Endorsement. The Council is charged with the responsibility for Ecclesiastical Endorsements of applicants for the various chaplaincies of the Armed Forces and the Veterans Administration. The Council acknowledges the authority and responsibility of the presbyteries for approving and granting permission to their members to serve outside the bounds of their presbyteries or to participate in any special ministry or vocation.
2. The applicant is applying for service with the: \_\_\_\_\_
3. The Presbyterian Council for Chaplains and Military Personnel seeks the genuine interest and assistance of the presbyteries. A cooperative relationship with presbyteries is desired. The applicant must have the written permissions of the presbytery on file in our Council office before approval will be granted. The Presbytery may determine for itself who may provide this approval based upon their own procedures.

## Presbytery Approval

The Presbytery of \_\_\_\_\_

This is to certify that the presbytery grants permission for the above named applicant to seek appointment as a chaplain to the military or the Veterans Administration and to labor outside the bounds of presbytery, if required.

Signed \_\_\_\_\_  
Print or Type Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_

PLEASE RETURN THIS APPROVAL FORM VIA EMAIL TO: [INFO@PCCMP.ORG](mailto:INFO@PCCMP.ORG)