

**ORDINATION AFFIDAVIT**

Read instructions below before completing.



**National Spiritualist Association of Churches**

Ordination applicant

\_\_\_\_\_

Church affiliation (applicant)

\_\_\_\_\_

Church city, state

\_\_\_\_\_

Date of service evaluated

\_\_\_\_\_

Service at (church served)

\_\_\_\_\_

Church city, state

CHECK EACH AREA EVALUATED

- Conduct (chair) entire service
- Invocation
- Sermon
- Healing Meditation
- Benediction
- Messages
- Healing
- Other (state)

EVALUATION

Yes No

Applicant

- Arrived on time?
- Dressed appropriately for a religious service?
- Interacted well with those attending?
- A good representative for NSAC

Platform evaluation

- Voice quality satisfactory?
- Eye contact?
- Posture / movements / gestures appropriate?

Sermon (if applicable)

- Subject matter appropriate for the service?
- Appeared well informed on the religion of Spiritualism?
- Appeared well prepared?
- Sermon uplifting and informative?
- Sermon appeared well received by the congregation?

Messages (if applicable)

- Identification of Spirit presented?
- Messages accepted as evidential?
- Message appropriate to NSAC philosophy?

Healing (if applicable)

- Movements / hand placement appropriate?

SUMMATION

- Excellent
- Satisfactory
- Needs improvement
- Unsatisfactory

If any No, Needs improvement, or Unsatisfactory is marked, explain on reverse.

- Yes
  - No
- Would you have this applicant serve again?

SIGNATURE AND POSITION (ordained minister or board member)

PRINTED NAME

DATE SIGNED

**INSTRUCTIONS**

Affidavits must be completed and signed by an ordained minister or board member, indicating position held. Completed affidavits must not be discussed with, shown, or given to the applicant. Mail directly to: NSAC Secretary, 13 Cottage Row, PO Box 217, Lily Dale, NY 14752. This evaluation will be kept confidential by NSAC.