

**CERTIFICATE OF RECEPTION AS A CANDIDATE UNDER CARE
EVANGELICAL PRESBYTERIAN CHURCH**

This is to certify that

Name

was received under the care of

Name of Presbytery

Presbytery, in

session at

Place

on

Date

according to the provisions of Chapter 11 of the *Book of Government*.

A service of recognition will be/was conducted by Presbytery at

Place

on

Date and Time

. Presbytery, after consultation with the candidate,

Minister and Session

Name

to serve as Ministerial

Advisor and

Name of Congregation

Church of

to serve as sponsoring congregation.

City/State

Signed _____, Stated Clerk Date:

*Send a copy of this form to the Office of the Stated Clerk, Evangelical Presbyterian Church
5850 T.G. Lee Blvd., Suite 510, Orlando, FL 32822*