WASHINGTON COUNTY JAIL

CLERGY CERTIFICATION APPLICATION

Date:

Name: (Last)       (First)      (Middle)

Date of Birth: (Month)       (Day)      (Year)

Church Name:

Church Address:

Present Ministry: Full Time  Part-Time  Retired  Volunteer

Telephone Number:      Church       Residence

Denomination:       Ordained By:

Headquarters:

Educational Background/

Certifications Bible College  Institute  Seminary  Year Graduated

Inmate/Client(s): Names:

FOR DEPARTMENT USE

APPROVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religious Coordinator (Date)

DISAPPROVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corrections Administrator (Date)