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)