

**PRESBYTERY TRANSFER OF A CANDIDATE UNDER CARE
EVANGELICAL PRESBYTERIAN CHURCH**

To be completed by the transferring presbytery:

This is to certify that _____, since _____
Candidate's name *Date received*

a candidate under the care of _____ Presbytery was dismissed on
Presbytery
the _____ day of _____, 20__ by this presbytery to the care
of _____ Presbytery.

Signed: _____ Date: _____
m/d/yyyy

To be completed by the receiving presbytery:

This is to certify that _____ was received by transfer as
a Candidate for the Gospel Ministry under care of the _____
Presbytery, meeting on the _____ day of _____, 20__.

Signed: _____ Date: _____
Stated Clerk

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