

**Session Certification**  
**Presbytery of the Mississippi Valley**

Name of applicant: \_\_\_\_\_  
Church: \_\_\_\_\_ City/State: \_\_\_\_\_  
Date received as member: \_\_\_\_\_ Date of Session Certification: \_\_\_\_\_

1. How does the Session evaluate the applicant's character?

Strengths:

Weaknesses:

His usefulness for ministry:

2. In what ministries has the applicant been involved? Evaluate his performance in those ministries.

3. In recommending the applicant, are there qualifications or concerns which you believe the Credentials Committee ought to address.

**CERTIFICATION**

We do hereby certify that the above applicant has been a member of this church at least six months and we recommend that he be admitted as a candidate of the Presbytery of the Mississippi Valley.

Moderator of the Session: \_\_\_\_\_

*Please return this completed form electronically to the credentials assistant: [pmvcredentials@gmail.com](mailto:pmvcredentials@gmail.com)*