

Church of God Ministries Minister's Change (s)

Use this form to report changes that should be made to a minister's record.

PERSONAL/FAMILY INFORMATION:

Date received at CGM: _____

NAME: _____

CONs ID: _____

Maiden Name: _____

Male: Female:

Preferred Mailing address: Home PO Box Church Business Other

If using a Church address, please include the church's name to comply with USPS delivery regulations.

address line 1: _____

address line 2: _____

city & state/province: _____ zip: _____

home phone: _____ cell phone: _____

e-mail address: _____ ethnicity: _____

birth date: _____ place of birth: _____

Current Marital status: Married Single Divorced Remarried Widowed

Spouse's name: _____

CREDENTIALING INFORMATION:

Year entered ministry: _____

commissioned by CHOG: _____

state/province commissioned: _____

date licensed by CHOG: _____

state/province licensed: _____

date ordained by CHOG: _____

state/province ordained: _____

EDUCATIONAL HISTORY:

school name: _____ degree: _____ date: _____

school name: _____ degree: _____ date: _____

school name: _____ degree: _____ date: _____

(degree = B.A., M. Div., Th.D., etc.)

EMPLOYING CHURCH or ORGANIZATION:

Date of hire: _____

church/organization name: _____

city, state/province, zip: _____

position held in church: _____

(refer to Position Code sheet)

church currently attending: _____

(if different from above)

city, state/province, zip: _____

Open to interim position? yes no Geographic preference: _____

ASSEMBLY CREDENTIAL CHAIRPERSON INFORMATION:

Assembly SAID #: _____

Date submitted: _____

Credentials Chairperson verifying this information: _____

Comments:

Credentials Chairperson: Please send this form to:

Roz Hency at rhency@chog.org or mail to:

Credentials Services, Church of God Ministries, PO Box 2420, Anderson IN 46018-2420

FAX: 765-642-5652