



PERSONAL DATA

Area : _____

(PLEASE USE DARK BLUE OR BLACK INK)

DATE _____

Last Name _____ First Name: _____ MI /Maiden _____

Date of Birth _____ E-mail _____

Local Address _____ Phone _____

_____ City, State _____ Zip _____ Cell Phone _____

Current Congregational Affiliation _____ Phone _____

Current Church Address _____

City, State, Zip _____

Home Congregation _____ Phone _____

Address _____

City, State, Zip _____

I am/have: (Check appropriate box)

An Ordained Minister _____ Year Ordained _____
Denomination

Entering Seminary Enrolled in Seminary: Permanent Address _____

(Seminary Name) _____ Expected completion (mo./yr) _____

Completed Seminary : (Year) _____ M Div Th.M MRE D. Min Other

Have been a Licensed/Commissioned Minister in another region: _____ Region

I am: (Check appropriate box)

A Commissioned Minister in CCSW

Applying through _____ Area for Commission in CCSW.

A United Church of Christ Minister seeking Ordained Ministerial Partner Standing.

Seeking Recognition of Ordination and Transfer of Standing from _____
Denomination

{Please provide materials listed on *Application for Recognition of Ordination and Transfer of Standing Checklist*}

Seeking Ordination

Seeking Reinstatement of Standing: Unrelated to Misconduct As a result of misconduct

