



**CHURCH OF GOD
MINISTERIAL TRANSFER FORM**

Date _____

From: (State/Regional Office Transferring FROM): _____

To: (State/Regional Office Transferring TO): _____

Greetings:

_____ File Number: _____ has moved to your state/region and enclosed herewith is his/her permanent file.

Minister's New Mailing Address: _____

Phone Number: _____

Ministry Rank: () Exhorter () Minister of C. E. () Minister of Music () Ordained Minister () Ordained Bishop

MINISTERIAL ACTIVITY INFORMATION:

This minister was serving in this state/region in the following capacity (capacities):

() Pastor () Evangelist () Retired () Staff Person (Specify) _____

() District Overseer () District Youth Director () State Council () Other (Specify) _____

This minister's involvement in state/regional programs:

() Always () Most of the time () Sometimes () Seldom () Never

This minister's reporting history:

A. Personal ministerial reports from this minister received on time?

() Always () Most of the time () Sometimes () Seldom () Never

B. The treasurer's reports from this minister's church (if pastoring) received on time?

() Always () Most of the time () Sometimes () Seldom () Never () Not Applicable

Any additional comments:

Signature of State/Regional Overseer

Date

(Send Original to State Receiving Transfer. Send Copy to Department of Business & Records.
Retain Copy in State Sending Transfer)