

INFORMATION NEEDED FOR TRANSFER

Date _____

Account number _____

Dear _____:

Upon being informed of your plans to move from your district we would appreciate receiving the following information to expedite the transfer:

1. I will be transferring to the _____ District.
2. I am planning to leave the _____ district around _____.
3. (If applicable) My district health insurance is to be canceled as of _____
(Application must be made to your new district for health insurance.)
4. My new ministry will be that of: Lead pastor Staff pastor Evangelist Other _____
Name and location of church _____
5. My new address will be _____
6. My new phone number will be _____ Cell phone number _____
7. My email address will be _____

VITAL INFORMATION NEEDED TO PROCESS YOUR TRANSFER

1. **Personal** Male Female Ethnicity _____
 - a. Place of birth _____ Date of birth _____ S.S. Number _____
 - b. U.S. citizen yes no If no, Type of visa/permit: _____ Number: _____ Exp date. _____
 - c. Education
 - (1) College _____ Degree _____
 - (2) Bible School _____ Number of years _____
 - (3) District School of Ministry _____ Level completed _____
 - (4) Berean — Level completed _____ Number of courses completed _____
 - d. If you hold a provisional certificate of ministry, how much more time do you have to complete all educational requirements? _____
2. **Family**
 - a. Spouse
 - (1) Name _____ Date of birth _____
 - b. Date of wedding anniversary _____
 - c. Children (names and dates of birth)
 - (1) _____ (4) _____
 - (2) _____ (5) _____
 - (3) _____ (6) _____
3. **Ministerial History**
 - a. Credentialed by the Assemblies of God: CM date _____; District _____
Lic date _____; District _____
Ord date _____; District _____

We suggest that you immediately contact your present district and the one to which you will be transferring in order that there will be no delay in effecting the transfer.

District Secretary