

NEW  
APPLICANTS  
ONLY

# APPLICATION FOR MINISTERIAL CREDENTIALS

PENTECOSTAL CHURCH OF GOD

PO Box 211866

Bedford, TX 76095

Phone: (817) 554.5900

FOR GENERAL  
OFFICE USE

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Acct # \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Date Appr \_\_\_\_\_

Approved by \_\_\_\_\_

*Proclaiming Bible Truth in Pentecostal Power*

**MISSION: Exalt the Lord, Edify the Church, Evangelize the World**

NOTICE TO APPLICANTS: The constitution of the Pentecostal Church of God specifically states that the Word of God shall be our rule of faith and basis of fellowship; endeavoring to keep the unity of the Spirit, until we come to the unity of the faith. Upon this basis, we invite the fellowship and cooperation of everyone whom God calls to labor in His vineyard, and who is walking worthy of his/her call. However, in order that we may have a proper record in our files, it will be necessary that you complete this form. Read the following carefully and ANSWER ALL QUESTIONS. In accepting credentials, the applicant affirms without reservation that he/she understands, and agrees to be governed by, the General Constitution and Bylaws of the Pentecostal Church of God and the constitution and bylaws of the district where membership is maintained.

**DISTRICT NAME:** \_\_\_\_\_

### APPLICANT INFORMATION

Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Conversion \_\_\_\_\_ Place \_\_\_\_\_



Marital Status: Single  Married  Widowed  Divorced  Marriage Annulled

If married, give date of marriage \_\_\_\_\_ Place \_\_\_\_\_

Full name of your spouse \_\_\_\_\_

Is spouse credentialed with the Pentecostal Church of God? Yes  No  Account # \_\_\_\_\_

Have you been divorced? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_ Has your spouse been divorced? \_\_\_\_\_

If yes, how many times? \_\_\_\_\_

(If either you or your spouse has been divorced, a Marriage Questionnaire must be completed for each divorce and submitted with at least three substantiation documents. One Ministerial, two additional ones with one being a non-family member.)

Credentials for which you are now applying:..... Ordination  License  Exhorter

Credentials you now hold:..... Ordination  License  Exhorter

Have you held credentials with any other organization? Yes  No

If yes, what was the name of the organization? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Have you applied to any other district of this organization for credentials? Yes  No

If so, what district? \_\_\_\_\_

1. Do you know without a doubt that you are called into Christian ministry? .....  Yes  No
2. Have you read the General Constitution and Bylaws? .....  Yes  No
3. Have you read this District's Constitution and Bylaws? .....  Yes  No
4. Are you willing to conform to and abide by the same? .....  Yes  No
5. Will you preach and abide by the Pentecostal Church of God doctrine? .....  Yes  No
6. Have you read the entire Bible (all 66 books)? .....  Yes  No
7. Do you believe all of it? .....  Yes  No
8. Do you accept our doctrinal position on the Trinity of the Godhead? .....  Yes  No
9. Have all men sinned? .....  Yes  No
10. Is faith in the shed blood of Jesus essential to salvation? .....  Yes  No
11. Do you believe that once saved it is possible to be lost? .....  Yes  No
12. Do you preach and practice water baptism according to Matthew 28:19? .....  Yes  No
13. Can good works alone save a soul from hell? .....  Yes  No
14. Do you believe that speaking in other tongues is the necessary, initial, physical evidence  
of the Holy Spirit baptism? .....  Yes  No
15. Have you received the Holy Spirit baptism according to Acts 2:4 and Acts 10:44-46? .....  Yes  No
16. Do you preach and teach the same? .....  Yes  No
17. Is the Holy Spirit a divine person? .....  Yes  No
18. Is divine healing in the atonement? .....  Yes  No
19. Do you preach and practice the same? .....  Yes  No
20. Do you believe Jesus will return to rapture His Church before the Great Tribulation? . . . . .  Yes  No
21. Do you pay tithe? .....  Yes  No
22. Will you send tithe regularly in accordance with your district policy? .....  Yes  No
23. Do you understand that failure to comply with the tithing rule could mean a forfeiture  
of your credentials? .....  Yes  No
24. Will you fully support both your district and general programs? .....  Yes  No
25. Have you ever been convicted of a felony? .....  Yes  No
26. Have you ever been convicted, indicted or under investigation for child sexual abuse and/or  
any other criminal sexual conduct? .....  Yes  No
27. Have you ever filed bankruptcy? .....  Yes  No
28. Are you a member of a lodge, a secret order or secret society? .....  Yes  No
29. Do you use intoxicating liquors, narcotics, hallucinogens or tobacco? .....  Yes  No
30. Do you approve of or practice homosexuality or any other form of sexual perversion? .....  Yes  No
31. Do you approve of or practice any form of the occult ? . . . . .  Yes  No
32. What is your primary ministry calling? Evangelist  Pastor  Other   
Explain \_\_\_\_\_
33. Are you a U.S. citizen? .....  Yes  No

**CHURCH LEADERSHIP**

What local church are you currently attending and where is it located? \_\_\_\_\_

How long have you been attending? \_\_\_\_\_

Are you involved in full-time ministry through the ministries of your Church? \_\_\_\_\_

For how long? \_\_\_\_\_

Are you involved in active ministry? (*Active is defined as weekly involvement*) \_\_\_\_\_

For how long? \_\_\_\_\_

What is your present ministerial position? \_\_\_\_\_

What are the responsibilities of this position? \_\_\_\_\_

Are you deriving financial support from this position? \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sectional Presbyter's Signature \_\_\_\_\_ Date \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

<b>EDUCATION</b>	Name and Location of School	Years Attended	Date Completed	Degree Earned
HIGH SCHOOL				
COLLEGE				
GRADUATE / SEMINARY				

**EMPLOYMENT HISTORY**

<b>COMPANY NAME</b>	<b>SUPERVISOR</b> (Name & Phone Number)	<b>POSITION HELD</b>	<b>DATES</b> (From mm/yy – To mm/yy)

**Any false information provided by the applicant during the application process will result in the rejection of the application or the automatic forfeiture of the applicant's credential.**

Having read the Bylaws and all the requirements of this application, I accept and agree to abide by the same as a condition to obtaining and maintaining my credentials. I further authorize you to contact all persons whom you desire to interview and question about facts concerning my application or my private and public life. I authorize and direct every person, firm, company, corporation, governmental agency, court, association, church, educational facility, or institution having control of any documents, records, and other information pertaining to me to furnish to the Pentecostal Church of God any such information, including but not limited to documents, records, or other information regarding charges or complaints of any kind filed against me, formal or informal, pending or closed, and to permit the above-named Denomination or any of its agents or representatives to inspect and make copies of such documents, records, and other information. This authorization shall expire 90 days after the date of this application. I also agree to execute any new authorization which may be required by the above entities at any time during the term of my credentials. I further authorize the Pentecostal Church of God to disclose to the above described entities any and all information contained in this application or obtained during the application process.

I hereby release, discharge, and exonerate the Pentecostal Church of God, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the above-named Denomination including but not limited to negligence, liable slander or any other intentional sort. The Pentecostal Church of God shall not be required to verify any information received during the course of its investigations, and shall not be liable for acting on the basis of any information which later appears to have been false, inaccurate or incomplete.

I have read, fully understood and signed the foregoing Authorization and Release of my own free act and deed.

\_\_\_\_\_  
Applicant's Signature

The filing of suit against Pentecostal Church of God for any reason shall result in forfeiture of the applicant's credentials.

\_\_\_\_\_  
Applicant's Signature

I further acknowledge that I am not making application for employment with the Pentecostal Church of God, Inc., and the granting of credentials does not make me an employee of the same.

\_\_\_\_\_  
Applicant's Signature

Give three references. Include 1) pastor; 2) family; and, 3) one other person not related.

*\*A reference letter from a pastor (signed by a pastor) should accompany this application.*

	Name	Address	City/State/Zip	Phone
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

**TO BE COMPLETED BY DISTRICT**

Approved by the District Board of \_\_\_\_\_ Date: \_\_\_\_\_

Applied for:..... Ordination  License  Exhorter

Approved for:..... Ordination  License  Exhorter

Did applicant have credentials with another organization? . . . . .  Yes  No

If yes, was a letter of recommendation requested? . . . . .  Yes  No

Is a letter of recommendation included? . . . . .  Yes  No

Did applicant surrender former credentials?.....'  Yes  No

Did applicant complete the required MSS? Yes  No  Test Score \_\_\_\_\_ Which MSS was completed? \_\_\_\_\_

Did applicant complete the equivalent studies to the MSS? Yes  No  (If applicant completed equivalent studies, a transcript of classes must accompany application, or applicant must fill out the *MSS Equivalent Form* .)

**Other Information** \_\_\_\_\_

Signed \_\_\_\_\_

District Secretary / District Bishop

## MINISTERS STUDY SERIES

### Equivalency form

Applicants Name \_\_\_\_\_ Date \_\_\_\_\_ Score \_\_\_\_\_ District \_\_\_\_\_

If you have NOT taken the Ministers Study Series for the credential level for which you are applying, you must do one the following:

1. Provided a copy of the transcript of the classed taken from the college you attended.
2. Check the box for the classes or books you have studied that would be the equivalent to the MSS required for the credential level for which you are applying.

#### --EXHORTER CREDENTIALS--

PERSONAL STUDY	BOOKS
<input type="checkbox"/> 1. Theology	Basic Bible Truth
<input type="checkbox"/> 2. Theology	What the Bible Says about the Holy Spirit
<input type="checkbox"/> 3. Bible	Old Testament Survey Pt. 1
<input type="checkbox"/> 4. Bible	Old Testament Survey Pt. 2
<input type="checkbox"/> 5. Bible	New Testament Survey
<input type="checkbox"/> 6. Mission	Becoming a Contagious Christian
<input type="checkbox"/> 7. Bylaws	General Constitution & Bylaws

#### --LICENSE CREDENTIALS--

PERSONAL STUDY	BOOKS
<input type="checkbox"/> 1. Spiritual Foundation	Celebration of Disciplines
<input type="checkbox"/> 2. Spiritual Leadership	Spiritual Leadership (Henry Blackaby)
<input type="checkbox"/> 3. Ministerial Ethics	Ministerial Ethics: Spirit Filled Leaders
<input type="checkbox"/> 4. Marriage & Family	The Truth About The Family
<input type="checkbox"/> 5. Bible Study Methods	Basic Homiletical Studies
<input type="checkbox"/> 6. Ministerial Basics	The Ministry Service Book
<input type="checkbox"/> 7. Bylaws	General Constitution & Bylaws

#### --ORDAINED CREDENTIALS--

PERSONAL STUDY	BOOKS
<input type="checkbox"/> 1. Bible Study Methods	How to prepare Bible Messages
<input type="checkbox"/> 2. Spiritual Foundation	Pastors at Greater Risk
<input type="checkbox"/> 3. Spiritual Leadership	The 21 Irrefutable Laws of Leadership
<input type="checkbox"/> 4. Spiritual Stewardship	The 33 Laws of Stewardship
<input type="checkbox"/> 5. Marriage & Family	7 Secrets of Successful Families
<input type="checkbox"/> 6. Bylaws	General Constitution & Bylaws

Attach a recent photograph of yourself here.



**APPLICATION FOR REINSTATEMENT**  
PENTECOSTAL CHURCH OF GOD  
PO Box 211866 Bedford, TX 76095  
Phone: (817) 554-5900  
*Proclaiming Bible Truth in Pentecostal Power*  
MISSION: Exalt the Lord, Edify the Church, Evangelize the

FOR GENERAL OFFICE USE  
 Approved  
 Denied  
Acct # \_\_\_\_\_  
Date Received \_\_\_\_\_  
Date Approved \_\_\_\_\_  
Approved by. \_\_\_\_\_

**DISTRICT NAME:** \_\_\_\_\_

**Applicant Information**

Full Name \_\_\_\_\_ Gender \_\_\_\_\_ Acct # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place \_\_\_\_\_ Date of Conversion \_\_\_\_\_ Place \_\_\_\_\_  
Marital Status:  Single  Married  Widowed  Divorced  Marriage annulled

If married, give full name of spouse \_\_\_\_\_

Have you had a marriage change since you last held credentials with the Pentecostal Church of God?  Yes  No  
If yes, what was the change?  Spouse deceased  Divorce(s) How many? \_\_\_\_\_ Marriage(s) How many? \_\_\_\_\_  
If this is a new marriage, has your spouse been divorced? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

(If either you or your spouse have been divorced, a Marriage Questionnaire must be completed for each divorce and submitted with at least three Substantiation Documents; One Ministerial, two additional ones with one being a non-family member.)

Name of the district in which you were a member when your affiliation terminated \_\_\_\_\_  
Name of the district through which you are now applying for reinstatement \_\_\_\_\_  
Why did you leave the Pentecostal Church of God? \_\_\_\_\_

Credentials you held when terminated:  Ordination  License  Exhorter  
Credentials for which you are applying:  Ordination  License  Exhorter  
Type of ministry in which you are presently engaged:  Pastor  Evangelist  Other  
If a pastor \_\_\_\_\_  
(Name of Church) \_\_\_\_\_ Location \_\_\_\_\_

What is your primary ministry calling? .....  Pastor  Evangelist  Other  
Explain \_\_\_\_\_

Did you owe any credential fees when your credentials were terminated? .....  Yes  No  
If so, have these been paid? .....  Yes  No  
Have you ever been convicted of a felony? .....  Yes  No  
Have you ever been convicted, indicted or under investigation for child sexual abuse and/or any other criminal sexual conduct? .....  Yes  No  
Have you ever filed bankruptcy? .....  Yes  No  
Are you a U.S. citizen? .....  Yes  No  
Have you read, and are willing to abide by, the current District and General Bylaws? .....  Yes  No  
Do you, without reservation, fully subscribe to the Pentecostal Church of God doctrinal statement as contained in the General Constitution and Bylaws, and will you practice and proclaim them from the pulpit? .....  Yes  No  
If your present viewpoint DIFFERS from that of the Pentecostal Church of God, please explain on a separate sheet of paper.

What local church are you currently attending and where is it located? \_\_\_\_\_

How long have you been attending? \_\_\_\_\_

Are you involved in full-time ministry through the ministries of your Church? \_\_\_\_\_ For how long? \_\_\_\_\_

Are you involved in active ministry? (*Active is defined as weekly involvement*) \_\_\_\_\_ For how long? \_\_\_\_\_

What is your present ministerial position? \_\_\_\_\_

What are the responsibilities of this position? \_\_\_\_\_

Are you deriving financial support from this position? \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sectional Presbyter's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Any false information provided by the applicant during the application process will result in the rejection of the application or the automatic forfeiture of the applicant's credential.**

Having read the Bylaws and all the requirements of this application, I accept and agree to abide by the same as a condition to obtaining and maintaining my credentials. I further authorize you to contact all persons whom you desire to interview and question about facts concerning my application or my private and public life. I authorize and direct every person, firm, company, corporation, governmental agency, court, association, church, educational facility, or institution having control of any documents, records, and other information pertaining to me to furnish to the Pentecostal Church of God any such information, including but not limited to documents, records, or other information regarding charges or complaints of any kind filed against me, formal or informal, pending or closed, and to permit the above-named Denomination or any of its agents or representatives to inspect and make copies of such documents, records, and other information. This authorization shall expire 90 days after the date of this application. I also agree to execute any new authorization which may be required by the above entities at any time during the term of my credentials. I further authorize the Pentecostal Church of God to disclose to the above described entities any and all information contained in this application or obtained during the application process.

I hereby release, discharge, and exonerate the Pentecostal Church of God, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the above-named Denomination including but not limited to negligence, liable slander or any other intentional sort. The Pentecostal Church of God shall not be required to verify any information received during the course of its investigations, and shall not be liable for acting on the basis of any information which later appears to have been false, inaccurate or incomplete.

I have read, fully understood and signed the foregoing Authorization and Release of my own free act and deed.

\_\_\_\_\_  
*Applicant's Signature*

The filing of suit against Pentecostal Church of God for any reason shall result in forfeiture of the applicant's credentials.

\_\_\_\_\_  
*Applicant's Signature*

I further acknowledge that I am not making application for employment with the Pentecostal Church of God, Inc., and the granting of credentials does not make me an employee of the same.

\_\_\_\_\_  
*Applicant's Signature*

**Give three references. Include 1) pastor; 2) family; and, 3) one other person not related.**

**\*A reference letter from a pastor (signed by a pastor) should accompany this application.**

Name	Address	City/State/Zip	Phone
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

**TO BE COMPLETED BY DISTRICT**

Approved by the Board of \_\_\_\_\_ Date: \_\_\_\_\_

Applicant was terminated due to \_\_\_\_\_

Approved for:  Ordained  License  Exhorter

Signed \_\_\_\_\_

District Bishop or District Secretary

# APPLICATION FOR PROMOTION

PENTECOSTAL CHURCH OF GOD  
PO Box 211866, Bedford, TX 76095  
Phone: (817) 554.5900

*Proclaiming Bible Truth in Pentecostal Power*  
MISSION: Exalt the Lord. Edify the Church. Evangelize the World

FOR GENERAL  
OFFICE USE

Approved  
 Denied

Acct # \_\_\_\_\_  
Date Rec'd \_\_\_\_\_  
Date Appr \_\_\_\_\_  
Approved By: \_\_\_\_\_

**DISTRICT NAME:** \_\_\_\_\_

## APPLICANT INFORMATION:

Full Name \_\_\_\_\_ Acct # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place \_\_\_\_\_ Date of Conversion \_\_\_\_\_ Place \_\_\_\_\_

Credential for which you are applying:..  Ordination  License

Credential you now hold: .....  License  Exhorter

When did you receive the credential you now hold? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you read the entire bible ((all 66 books)).....  Yes  No

Have you completed the required Ministers Study Series  Yes  No Or its equivalency.....  Yes  No  
(If you've completed the equivalency a transcript of classes will be necessary or fill out the MSS Equivalency Form)

Have you had a marriage change since you last promotion?.....  Yes  No  
(If yes, you must fill out a Change in Marital Status form)

## CHURCH LEADERSHIP

What local church are you currently attending and where is it located? \_\_\_\_\_

How long have you been attending? \_\_\_\_\_

Are you involved in full-time ministry through the ministries of your Church? \_\_\_\_\_ For how long? \_\_\_\_\_

Are you involved in active ministry? (*Active is defined as weekly involvement*) \_\_\_\_\_ For how long? \_\_\_\_\_

What is your present ministerial position? \_\_\_\_\_

What are the responsibilities of this position? \_\_\_\_\_

Are you deriving financial support from this position? \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sectional Presbyter's Signature \_\_\_\_\_ Date \_\_\_\_\_



**TO BE FILLED OUT BY DISTRICT**

Approved by the Board of the \_\_\_\_\_ District at a meeting held at \_\_\_\_\_ on \_\_\_\_\_

Approved for:  Ordination  License

Did applicant complete the required Minister's Study Series?.....Yes  No  MMS Test Score: \_\_\_\_\_

Did applicant complete the equivalent to the MSS?.....Yes  No

(If applicant has completed equivalent studies, a transcript of classes must accompany application. Or applicant must fill out the MMS Equivalent Form.)

*IF APPLYING FOR PROMOTION TO ORDINATION, COMPLETE THE FOLLOWING:*

When is applicant to be formal lordained? \_\_\_\_\_

Where is applicant to be formally ordained? \_\_\_\_\_

Who is to be the presiding officer? \_\_\_\_\_

\_\_\_\_\_  
(Signed: District Secretary or Bishop)

# MINISTERS STUDY SERIES

## Equivalency form

Name: \_\_\_\_\_ Date \_\_\_\_\_ Score \_\_\_\_\_ District \_\_\_\_\_

If you have NOT taken the Ministers Study Series for the credential level for which you are applying, you must do one the following:

1. Provided a copy of the transcript of the classed taken from the college you attended.
2. Check the box for the classes or books you have studied that would be the equivalent to the MSS required for the credential level for which you are applying.

### --EXHORTER CREDENTIALS--

PERSONAL STUDY	BOOKS
<input type="checkbox"/> 1. Theology	Basic Bible Truth
<input type="checkbox"/> 2. Theology	What the Bible Says about the Holy Spirit
<input type="checkbox"/> 3. Bible	Old Testament Survey Pt. 1
<input type="checkbox"/> 4. Bible	Old Testament Survey Pt. 2
<input type="checkbox"/> 5. Bible	New Testament Survey
<input type="checkbox"/> 6. Mission	Becoming a Contagious Christian
<input type="checkbox"/> 7. Bylaws	General Constitution & Bylaws

### --LICENSE CREDENTIALS--

PERSONAL STUDY	BOOKS
<input type="checkbox"/> 1. Spiritual Foundation	Celebration of Disciplines
<input type="checkbox"/> 2. Spiritual Leadership	Spiritual Leadership (Henry Blackaby)
<input type="checkbox"/> 3. Ministerial Ethics	Ministerial Ethics: Spirit Filled Leaders
<input type="checkbox"/> 4. Marriage & Family	The Truth About The Family
<input type="checkbox"/> 5. Bible Study Methods	Basic Homiletical Studies
<input type="checkbox"/> 6. Ministerial Basics	The Ministry Service Book
<input type="checkbox"/> 7. Bylaws	General Constitution & Bylaws

### --ORDAINED CREDENTIALS--

PERSONAL STUDY	BOOKS
<input type="checkbox"/> 1. Bible Study Methods	How to prepare Bible Messages
<input type="checkbox"/> 2. Spiritual Foundation	Pastors at Greater Risk
<input type="checkbox"/> 3. Spiritual Leadership	The 21 Irrefutable Laws of Leadership
<input type="checkbox"/> 4. Spiritual Stewardship	The 33 Laws of Stewardship
<input type="checkbox"/> 5. Marriage & Family	7 Secrets of Successful Families
<input type="checkbox"/> 6. ByLaws	General Constitution & Byla


  
**PENTECOSTAL CHURCH OF GOD**
  
 <<<<<>>>>
   
**MARRIAGE QUESTIONNAIRE**

Date \_\_\_\_\_

Divorce Number \_\_\_\_\_

Full Name \_\_\_\_\_ Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place \_\_\_\_\_  
(City, County and State)

Full Name of Previous Spouse (Maiden Name) \_\_\_\_\_

Date of Marriage to Prior Spouse \_\_\_\_\_ Place \_\_\_\_\_  
(City, County and State)

Date of the final decree of Divorce \_\_\_\_\_ Place \_\_\_\_\_  
(City, County and State)

Date when you were first saved \_\_\_\_\_ Place \_\_\_\_\_  
(City, County and State)

Was this divorce previous to your first confirmed experience of salvation?..... Yes  No

Was the divorce the result of either you  your spouse  or both  committing fornication or adultery previous to your divorce? ( Matthew 5:32; 19:9)..... Yes  No

Was the divorce the result of your unbelieving spouse departing from you, a believer? (1 Corinthians 7:15) Yes  No

Were you the Plaintiff  or the Defendant  in the divorce?

Date of your subsequent marriage \_\_\_\_\_ Place \_\_\_\_\_  
(City, County and State)

Is the party to this marriage still your spouse? ..... Yes  No

How would you rate your present marriage? \_\_\_\_\_

Give one ministerial and two other references who can substantiate the above statements:

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Relationship \_\_\_\_\_

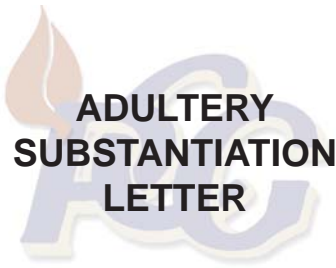
Name \_\_\_\_\_ Address \_\_\_\_\_  
 City and State \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City and State \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship \_\_\_\_\_

Signed \_\_\_\_\_

Revised 12/12/12 LLN

Please Note: **This form must be completed in full, in duplicate**, and filed with your application. **If your spouse is divorced**, a similar statement must also be filed by your spouse. A separate Marriage Questionnaire must be completed for **each divorce from either the minister and/or spouse**.



For Spouse of Applicant

Date \_\_\_\_\_

\_\_\_\_\_, the spouse of \_\_\_\_\_, who has made application for ministerial credentials with the Pentecostal Church of God, has provided us your name as one acquainted with the divorce and one who could possibly substantiate that his/her former spouse committed fornication or adultery which led to their divorce. The applicant's spouse alleges that the particulars are:

**TO BE FILLED IN BY THE DISTRICT**

Applicant's spouse \_\_\_\_\_  
was married to \_\_\_\_\_  
on \_\_\_\_\_ in \_\_\_\_\_  
(City, County and State)  
They were married for \_\_\_\_\_ years, but due to fornication or adultery on his/her former spouse's part, they were divorced with the final decree being handed down \_\_\_\_\_  
(Date)  
in \_\_\_\_\_  
(City, County and State)

**TO BE COMPLETED BY THE SUBSTANTIATOR**

I, \_\_\_\_\_, do hereby declare the above statement to be true and correct and fully understand that I may be held personally liable for any statement or answer that is misleading or untrue which is given the Pentecostal Church of God or other parties involved in regard to this application; and do furthermore agree to hold the Pentecostal Church of God harmless and indemnify the Pentecostal Church of God from any claims which may be made against the church as a result of my statement.

Signed \_\_\_\_\_ Date \_\_\_\_\_

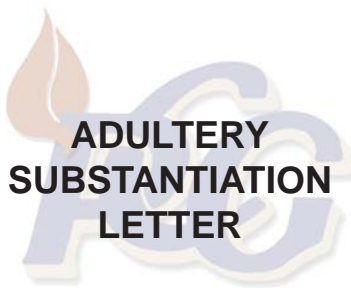
Relationship to Applicant's Spouse: \_\_\_\_\_

Your prompt response will be very much appreciated, and will be regarded as confidential information. We would appreciate any additional particular information from your own knowledge which might be helpful in our consideration of the application.

Please return to District Office:

Address:

(If you need additional space, please use the reverse side.)



# ADULTERY SUBSTANTIATION LETTER

For Applicant

Date \_\_\_\_\_

\_\_\_\_\_ has made application for ministerial credentials with the Pentecostal Church of God and has provided us your name as one acquainted with the divorce and one who could possibly substantiate that his/her former spouse committed fornication or adultery which led to their divorce. The applicant alleges that the particulars are:

**TO BE FILLED IN BY THE DISTRICT**

Applicant \_\_\_\_\_

was married to \_\_\_\_\_  
(Applicant's former spouse)

on \_\_\_\_\_ in \_\_\_\_\_  
(City, County and State)

They were married for \_\_\_\_\_ years, but due to fornication or adultery on his/her former spouse's part, they were divorced with the final decree being handed down \_\_\_\_\_

in \_\_\_\_\_  
(Date)  
(City, County and State)

**TO BE COMPLETED BY THE SUBSTANTIATOR**

I, \_\_\_\_\_, do hereby declare the above statement to be true and correct and fully understand that I may be held personally liable for any statement or answer that is misleading or untrue which is given the Pentecostal Church of God or other parties involved in regard to this application; and do furthermore agree to hold the Pentecostal Church of God harmless and indemnify the Pentecostal Church of God from any claims which may be made against the church as a result of my statement.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Your prompt response will be very much appreciated, and will be regarded as confidential information. We would appreciate any additional particular information from your own knowledge which might be helpful in our consideration of the application.

Please return to District Office:

Address:



**ABANDONMENT  
SUBSTANTIATION  
LETTER**

For Applicant

Date \_\_\_\_\_

\_\_\_\_\_ has made application for ministerial credentials with the Pentecostal Church of God and has provided us your name as one acquainted with the applicant and who could possibly substantiate the applicant's allegations regarding his/her previous marriage and subsequent divorce.

**TO BE FILLED IN BY THE DISTRICT**

Applicant \_\_\_\_\_  
was married to (applicant's former spouse) \_\_\_\_\_  
on (date) \_\_\_\_\_ in (City, County and State) \_\_\_\_\_  
They were married for \_\_\_\_\_ years, but due to abandonment on the applicant's former spouse's part, they were divorced with the final decree being handed down (Date) \_\_\_\_\_  
in (City, County and State) \_\_\_\_\_

The applicant alleges that the divorce was the result of his/her unbelieving spouse choosing to depart from the marriage and that the applicant attempted genuine biblical reconciliation by:

- (a) expressing a genuine willingness to forgive his/her spouse, and
- (b) by making himself/herself fully accessible to the former spouse for reconciliation even after the final decree of divorce.

**TO BE COMPLETED BY THE SUBSTANTIATOR**

I, \_\_\_\_\_, do hereby declare the above statement to be true and correct and fully understand that I may be held personally liable for any statement or answer that is misleading or untrue which is given to the Pentecostal Church of God or other parties involved in regard to this application; and do furthermore agree to hold the Pentecostal Church of God harmless and indemnify the Pentecostal Church of God from any claims which may be made against the church as a result of my statement.

Signed \_\_\_\_\_ Date \_\_\_\_\_

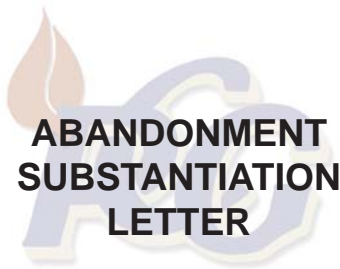
Relationship to Applicant \_\_\_\_\_

Your prompt response will be very much appreciated, and will be regarded as confidential information. We would appreciate any additional particular information from your own knowledge which might be helpful in our consideration of the applicant.

Please return to District Office:

Address:

(If you need additional space, please use the reverse side.)



**ABANDONMENT  
SUBSTANTIATION  
LETTER**

For Spouse of Applicant

Date \_\_\_\_\_

\_\_\_\_\_, the spouse of \_\_\_\_\_, who has made application for ministerial credentials with the Pentecostal Church of God, and has provided us your name as one acquainted with the divorce and who could possibly substantiate the allegations regarding his/her previous marriage and subsequent divorce.

**TO BE FILLED IN BY THE DISTRICT**

Applicant's spouse \_\_\_\_\_  
was married to \_\_\_\_\_  
on (date) \_\_\_\_\_ in (City, County and State) \_\_\_\_\_  
They were married for \_\_\_\_\_ years, but due to abandonment on his/her former spouse's part,  
they were divorced with the final decree being handed down (Date) \_\_\_\_\_  
in (City, County and State) \_\_\_\_\_

The applicant's spouse alleges that the divorce was the result of his/her unbelieving spouse choosing to depart from the marriage and that the applicant attempted genuine biblical reconciliation by:

- (a) expressing a genuine willingness to forgive his/her spouse, and
- (b) by making himself/herself fully accessible to the former spouse for reconciliation even after the final decree of divorce.

**TO BE COMPLETED BY THE SUBSTANTIATOR**

I, \_\_\_\_\_, do hereby declare the above statement to be true and correct and fully understand that I may be held personally liable for any statement or answer that is misleading or untrue which is given to the Pentecostal Church of God or other parties involved in regard to this application; and do furthermore agree to hold the Pentecostal Church of God harmless and indemnify the Pentecostal Church of God from any claims which may be made against the church as a result of my statement.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Applicant's Spouse \_\_\_\_\_

Your prompt response will be very much appreciated, and will be regarded as confidential information. We would appreciate any additional particular information from your own knowledge which might be helpful in our consideration of the application.

Please return to District Office:

Address:

*(If you need additional space, please use the reverse side.)*


  
**PENTECOSTAL CHURCH OF GOD**
  
 <<<<<>>>>
   
**Change In Marital Status**

FOR GENERAL OFFICE USE  
 Concur  
 Differ

Date \_\_\_\_\_

Minister's Full Name \_\_\_\_\_ Acct # \_\_\_\_\_

Minister's Former Name (before marital status change) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

**WHAT HAS CAUSED THIS CHANGE IN MARITAL STATUS?**

- New Marriage   
  Divorce   
  Death of Companion   
  Other

Please Explain: \_\_\_\_\_

If a **NEW MARRIAGE** is involved, please furnish the following information:

Date of current marriage \_\_\_\_\_

Place of current marriage \_\_\_\_\_

Name of spouse (former or maiden name, if female) \_\_\_\_\_

Has your spouse ever been divorced?     Yes     No If yes, how many times? \_\_\_\_\_

A marriage questionnaire and substantiation letters (if necessary) for each divorce should be attached to this form.

(If a **DIVORCE** is involved, a marriage questionnaire must be filled out and it, along with three (3) substantiation documents. One Ministerial, two additional ones with one being from a non-family member. )

If the **DEATH** of your spouse is involved, please attach a certified (with raised seal) death certificate.

The other forms necessary for your claim will be sent to you promptly.

Date of death \_\_\_\_\_

Cause of death \_\_\_\_\_

**TO BE COMPLETED BY THE DISTRICT  
 IN THE EVENT OF A NEW MARRIAGE AND OR DIVORCE**

After considering the participants of this marriage change, the District Board of the \_\_\_\_\_  
 District in a duly called meeting on \_\_\_\_\_ took action to recommend that the credentials

- REMAIN IN FORCE   
  BE DROPPED.

\_\_\_\_\_

Signed by District Bishop or District Secretary

**A CHANGE IN BENEFICIARY FORM SHOULD BE COMPLETED AND ATTACHED TO THIS FORM**



**PENTECOSTAL CHURCH OF GOD (Incorporated)**

\_\_\_\_\_  
(district)  
BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_, hereby authorize the \_\_\_\_\_ (district) and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for credentials now and, if applicable, during my tenure with the **Pentecostal Church of God (Incorporated)**.

I release the **Pentecostal Church of God (Incorporated)** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number \*

\_\_\_\_\_  
Date of Birth \*

\*NOTE: The above information is required for identification purposes only.

**CA, MN & Oklahoma Residents please note:** In connection with your application, your credit report will be obtained and reviewed. Under CA & MN law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you by the credit bureau. Under Oklahoma law, you have the right to receive a free copy of your consumer report.

- YES, I am a California resident and would like a free copy of my credit report; or
- YES, I am a California resident and would like a free copy of my investigative consumer report.
- YES, I am a Minnesota resident and would like a free copy of my consumer report.
- YES, I am an Oklahoma resident and would like a free copy of my consumer report.

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**District office please note:** If the consumer checks "Yes" regarding the consumer report, or if a CA consumer checks "Yes" regarding the credit report (and you do request a credit report, please fax this form to your ChoicePoint service center. If consumer checks "Yes" regarding the full consumer report, and consumer resides in CA, you will need to provide the individual with a copy of their consumer report.

Account Number:



# BANKRUPTCY QUESTIONNAIRE

Name \_\_\_\_\_

1. Have you filed for bankruptcy more than once? Yes\_\_\_\_ No\_\_\_\_  
(If yes, a separate questionnaire should be completed for each bankruptcy filed.)
2. When did you file for this bankruptcy?\_\_\_\_\_
3. Where was the bankruptcy filed?\_\_\_\_\_
4. Was this prior to your first experience of salvation? Yes\_\_\_\_ No\_\_\_\_
5. The bankruptcy was for reasons? Personal\_\_\_\_ Business\_\_\_\_
6. Under what chapter was the bankruptcy filed?\_\_\_\_\_
7. Why was the bankruptcy filed?\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Have you repaid the debts owed at the time of the bankruptcy? Yes\_\_\_\_ No\_\_\_\_
9. What you learned from this experience?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_



# FELONY QUESTIONNAIRE

Name \_\_\_\_\_

1. Have you been convicted of more than one felony? Yes\_\_\_\_ No\_\_\_\_  
(If yes, you must complete a separate questionnaire for each conviction.)
2. What was the charge for which you were convicted?  
\_\_\_\_\_
3. What is the date of your conviction? \_\_\_\_\_
4. Was time served? Yes\_\_\_\_ No\_\_\_\_ How much? \_\_\_\_\_
5. When were you released? \_\_\_\_\_
6. Are you now on probation? Yes\_\_\_\_ No\_\_\_\_
7. Were you declared guilty of a felony that caused you to be listed on the national registry for your felony?  
Yes\_\_\_\_ No\_\_\_\_
8. Were you saved at the time? Yes\_\_\_\_ No\_\_\_\_
9. When were you first converted? \_\_\_\_\_
10. What have you learned from this experience?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_