

International Council of Community Churches
Advancing love of God and humanity through serving Christ and community
21116 Washington Parkway - Frankfort, Illinois 60423-3112

CLERGY INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Office Telephone _____ Fax _____ Email _____

Home Telephone _____ Fax _____ Email _____

Date of Ordination _____

Ordaining Body _____

Documentation Provided: Yes _____ Not Available _____

Education:

(1) School _____ Degree _____

Year Awarded _____

(2) School _____ Degree _____

Year Awarded _____

(3) School _____ Degree _____

Year Awarded _____

Documentation Provided: Yes _____ Not Available _____

Present Church: CITI Ministries Center

Specialized Ministry (e.g. Chaplain or Counselor)

Employment Date (if applicable): _____

Attested by: _____

Position: _____ Date: _____

Explanatory Notes:

1. Unless specified mail will be sent to the church or ministry address.
2. The year, month and day are needed for the ORDINATION DATE.
3. DOCUMENTATION is a request for copies of diplomas, certificates or transcripts.
4. It is requested that a colleague in ministry or an official or the secretary of a church or center ATTEST to the veracity of the above information.

Applicant's Signature _____