

Church of God Ministries
Official Notification from Credentials Assembly

revised_6/6/2011

Minister's full name: _____ CONs ID# _____

Action taken: (check box below)

- CENSURE: *Disapproval of behavior as unbefitting a minister*
- SUSPENSION: *Rescind privilege of ministering for specific period of time*
- Length of time: _____
- Date effective: _____
- REVOCATION: *Termination of privilege to minister*
- VOLUNTARY SURRENDER of MINISTRY CREDENTIALS
- LICENSE TERMINATED: *Indicate reason below*

Please check the box by the letter that best fits according to the 2011 Credentials Manual.

Section 7:31

A B C D E F G H I J K L M

Other: _____

ASSEMBLY CREDENTIAL CHAIRPERSON INFORMATION:

Assembly SAID #: _____ Date of action taken or notification: _____

Credentials Chairperson verifying this information: _____

Other information:

Please attach additional information that needs to be placed in minister's file.

Please do not FAX this form. You may send this form to:
Joyce Hazen at jhazen@chog.org or mail to:
Credentials Services, Church of God Ministries, PO Box 2420, Anderson IN 46018-2420

You are herewith urged to inform all Assemblies who might have interest in the services of the above person and to otherwise alert other pertinent individuals and institutions of said action.

Date Recorded at Church of God Ministries Office: _____

chg reported to DS _____ chg recorded on website _____ file pulled _____