

Churches of Christ in Christian Union

Minister's Activity Report

Global Ministry Center
1553 Lancaster Pike
Circleville, Ohio 43113

Phone: 740/474-8856
Fax: 740/477-7766
www.ccuhq.org



YEAR _____

GENERAL INFORMATION

Given Name _____ Date of Birth _____

Preferred Name _____

Spouse's Name _____ Date of Birth _____

Children at Home _____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

Address for Coming Year _____
Street/PO Box

_____ City/State

_____ Zip Code

Home Phone (_____) _____ Area Code Cell Phone (_____) _____ Area Code

E-Mail Address _____

I no longer wish to be credentialed with The Churches of Christ in Christian Union

MINISTERIAL INFORMATION

1. My ministry this past year consisted of (if pastor, state church, # of years and location)

Church Name _____
Location _____
Number of Years at this Church _____

2. What is your intended ministry this coming year? (If pastor, state church and location)

3. Standing _____ Ordained _____
_____ Council Licensed _____ Please check appropriate standing
_____ Local Licensed _____
_____ Other (Explain) _____

Beginning with your local license, how many years have you served as a minister in The Churches of Christ in Christian Union? _____

Total number of years in licensed ministry _____ (regardless of denominational affiliation)

4. Where is your membership? _____

5. What church do you attend? _____

6. Number of Sermons preached _____

7. Number of other public Addresses (including all Christian Ed. Classes, small groups, etc.) _____

8. Weddings Performed _____ 9. Funerals Conducted _____

10. Revivals Preached _____

11. Have you been arrested in the last five years? _____

12. Significant personal achievements this past year include (you and your family) _____

DENOMINATIONAL DUTIES

1. Do you receive the *Evangelical Advocate*? _____

2. Did you attend Ministerial Conference this year? _____ or by Livestream _____

3. Did you attend the last General Council? _____

4. Did you attend your District Council? _____

5. Have you completed your required two units (8 hours) of Continuing Education? _____

List: _____

Signature _____

Date ____/____/____