

# Churches of Christ in Christian Union

## Minister's Activity Report

Global Ministry Center  
1553 Lancaster Pike  
Circleville, Ohio 43113

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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 (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

E-Mail Address \_\_\_\_\_

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

OVER →

# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_