



Church Of God In Christ, Inc.
DIVISION OF LICENSING AND CREDENTIALING
World Headquarters – Historic Mason Temple
930 MASON STREET
MEMPHIS, TENNESSEE 38126

LICENSING AND CREDENTIALS REQUEST FORM

NAME OF PERSON TO RECEIVE LICENSE OR CREDENTIALS

NAME: _____
ADDRESS _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE (_____) _____ EMAIL: _____
DATE OF BIRTH: ____ / ____ / ____ CREDITIAL CARD ID NUMER: _____
GENDER: MALE FEMALE REQUEST TYPE: NEW CREDENTIALS EXISTING CREDENTIALS

JURISDICTIONAL INFORMATION

JURISDICTION: _____
JURISDICTIONAL BISHOP: _____
JURISDICTIONAL SUPERVISOR: _____

CREDENTIALS REQUESTED

PASTOR ELDER MINISTER APPOINTMENT _____
List Position

OFFICIAL REQUESTING CREDENTIALS Jurisdictional Bishop or Secretary ONLY!

NAME: _____
ADDRESS _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE (_____) _____ EMAIL: _____
JURISDICTIONAL OFFICE PHONE: (_____) _____ OFFICE FAX: (_____) _____

**PLEASE FORWARD ALL INFORMATION VIA EMAIL TO dlc@cogic.org or by fax at 901-947-9359
*For any inquiries and additional information please call 901-947-9391 or 901-846-0777***