

APPLICATION FOR REINSTATEMENT

PENTECOSTAL CHURCH OF GOD
PO Box 850, Joplin, Missouri 64802
Phone: (417) 624-7050

FOR GENERAL
OFFICE USE

- Approved
 Denied

Date _____
Full Name _____ Sex _____ Acct # _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Social Security # _____
Date of Birth _____ Place _____ Date of Conversion _____ Place _____
Marital Status: Single Married Widowed Divorced Marriage annulled

If married, give full name of spouse: _____

Have you had a marriage change since you last held credentials with the Pentecostal Church of God? Yes No

If yes, what was the change? Spouse deceased Divorce(s) How many times? ____ Marriage(s) How many times? ____

If this is a new marriage, has your spouse been divorced? _____ If yes, how many times? ____

(If either you or your spouse have been divorced, an additional form, Marriage Questionnaire, must be completed for each divorce and submitted, together with appropriate supporting documents, with this application.)

Name of the district in which you were a member when your affiliation terminated _____

Name of the district through which you are now applying for reinstatement _____

Why did you leave the Pentecostal Church of God? _____

Credentials you held when terminated: Ordination License Exhorter

Type of ministry in which you are presently engaged: Pastor Evangelist Other

If a pastor: _____
(Name of Church) (Location)

Did you owe any credential fees when your credentials were terminated? Yes No

If so, have these been paid? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been convicted, indicted or under investigation for child sexual abuse
and/or any other criminal sexual conduct? Yes No

Have you ever filed bankruptcy? Yes No

Have you read, and are willing to abide by, the current District and General Bylaws? Yes No

Do you, without reservation, fully subscribe to the Pentecostal Church of God doctrinal statement as
contained in the General Constitution and Bylaws, and will you practice and proclaim them from the pulpit? Yes No

If your present viewpoint DIFFERS from that of the Pentecostal Church of God, please list and explain: _____

Any answer on this application that is later proven to be false is considered perjury and will result in the automatic forfeiture of your credential.

Having read the Bylaws and all the requirements of this application, I accept and agree to abide by the same. I further authorize you to contact all persons whom you desire to interview and question about facts concerning my application or my private and public life. I further pledge that I will never file suit or cause of action against the Pentecostal Church of God.

Applicant's Signature

Recommended or introduced by: (1) _____
(Pastor)

(2) _____
(Presbyter)

(3) _____

TO BE COMPLETED BY DISTRICT

Approved by the Board of the _____ District at a meeting

held at _____ on _____
(Place) (Date)

Applicant was terminated on _____
(Date)

Due to _____
(Reason)

Benefit coverage: Full Spousal **Note:** For full coverage a beneficiary form must be completed and returned with this application.

Signed by Bishop or Secretary