

PENTECOSTAL ASSEMBLIES OF THE WEST INDIES

CERTIFICATE OF TRANSFER

Fill in the form completely, sign and send to the district receiving the minister. Receiving District Presiding Bishop signs, makes 2 copies and sends:

- a) Original to the General Administrator's office,
- b) One copy to the issuing district, and
- c) Keeps one copy.

THIS TO CERTIFY THAT _____ holds _____
(Ord., LTM., COR., LPC.)

Credentials and is a minister of the Gospel in good standing with the _____ District Conference, where he/she has served as _____, and is hereby transferred to the _____ District Conference.
(Pastor, Evangelist, other)

Former address _____

Present address _____
Street City Country
Street City Country

Present Ministry: _____
(Pastor, Evangelist, Other)

If pastor, name of church _____

Issued on this _____ day of _____, 20

Signed by: _____ and _____
Issuing District Presiding Bishop **Issuing District Secretary**

MEMBERSHIP WITH ISSUING DISTRICT WILL TERMINATE UPON RECEIPT OF SIGNED COPY.

PLEASE COMPLETE INFORMATION FOR RECEIVING DISTRICT.

1. PERSONAL

1. Place of birth _____ Date of birth ____/____/____
Day Month Year

2. Identification No. _____

3. Education:

(1) Elementary _____ from _____ to _____
Year

(2) High School _____ from _____ to _____
Year

(3) College _____ from _____ to _____
Year

(4) Bible School _____ from _____ to _____
Year

(5) Correspondence Courses (list) _____

2. FAMILY

1. Spouse Name: _____ Place of Birth _____

2. Spouse Date of Birth ____/____/____
Day Month Year

3. Ministerial Activity: Preaching 0; Teaching 0; Music 0; Departments 0; Other _____

4. Children (names and dates of birth):

- (1) _____ (4)
(2) _____ (5)
(3) _____ (6)

3. MINISTERIAL HISTORY

1. Credentialed by Pentecostal Assemblies of the West Indies: Year _____; District _____
Year Ordained _____

2. Credentials from other organizations?

- (1) _____ Year _____
Name of Organization
(2) _____ Year _____
Name of Organization

3. Pastorates and/or other ministries (Give type, places, and dates)

- (1) _____ (4)
(2) _____ (5)
(3) _____ (6)

4. DISTRICT COOPERATION

1. Attendance at district meetings: Excellent 0 Good 0 Unsatisfactory 0 Poor 0
2. Promptness in credential renewals, etc.: Excellent 0 Good 0 Unsatisfactory 0 Poor 0
3. Compliance with district financial policies: Excellent 0 Good 0 Unsatisfactory 0 Poor 0

5. MINISTERIAL SUPPORT

| A. Item | Certificate No | Company Name |
|--|----------------|--------------|
| 1. Life Insurance? | Yes 0 No 0 | |
| 2. Pension Fund? | Yes 0 No 0 | |
| 3. Health & Dental Plan? | Yes 0 No 0 | |
| 4. Superannuation? | Yes 0 No 0 | |
| 5. Retirement Benefits? | Yes 0 No 0 | |
| 6. Secularly employed at last pastorate? | Yes 0 No 0 | |

B. Give further information on any of points 1 – 6: _____

6. ADDITIONAL INFORMATION

FOR RECEIVING DISTRICT USE ONLY

Accepted into _____ District Conference by _____ District Executive;
(Receiving District) (Receiving District)

Date: ____/____/____
Day Month Year

Signed: _____ and _____
District Presiding Bishop **District Secretary**