



2027 MINISTERIAL QUESTIONNAIRE

Confidential

Return of this Questionnaire is required for renewal of all Ministerial License and Conference Care Memberships,
and also affects the continued good standing of all Ministerial Members.

Please fill out **COMPLETELY** and return to the Home Office **NO LATER THAN DECEMBER 15, 2026**.

NOTE: No ministerial membership cards will be provided after January 31, 2027.

To fill out ONLINE, go to: www.cccusa.com/resources

PERSONAL INFORMATION:

Last Name	_____	First	_____	Middle	_____
Title	☐ Rev Dr	☐ Rev	☐ Mr	☐ Ms	☐ Mrs
Spouses name	_____				
Home Address	_____				
City	_____	State	_____	Postal Code	_____
Country	_____				
Mailing Address (If different than Home address)	_____				
City	_____	State	_____	Postal Code	_____
Country	_____				
Home Phone	_____		Cell Phone	_____	
Preferred E-mail for CCCC communication	_____		_____		

CCCC STANDING:

☐ Ordained ☐ Associate ☐ Licensed ☐ Lay Preacher ☐ Commissioned
Christian Worker ☐ Conference Care ☐ Individual Lay

Do you have any personal circumstances that might affect your current CCCC credentials status?

(e.g. marital, church, personal, or changes in doctrinal position) If so, please explain.

Name of the church where you are a member: _____

Is the church where you hold your membership congregationally governed? ☐ YES ☐ NO

YOUR CHRISTIAN SERVICE:

☐ Full-time ☐ Part-time ☐ Retired ☐ Volunteer

Place of service	_____	Position/ responsibility:	_____
Address	_____		
City	_____	State	_____
Country	_____	Postal Code	_____

Denominational Affiliation of present place of service _____

MINISTERIAL CREDENTIALS:

☐ YES ☐ NO Do you still desire to retain your ministerial credentials with the CCCC?
If no, please explain your reasons on a separate sheet of paper.

ADDITIONAL COMMENTS:

AFFIRMATION STATEMENTS

(Please initial beside each of the statements below to affirm your agreement):

___ I affirm that I remain in firm agreement with the CCCC Statement of Faith *(Attached)*

___ I affirm that I remain committed to the principles of the CCCC Statement of Polity *(Attached)*

___ I affirm that with the help of Almighty God I will seek to live my life of Christian ministry in accordance with the CCCC Code of Ethics for Ministers *(Attached)*

SIGNATURE: _____

Date: _____

Thank-You— for your partnership in the Lord's work through the CCCC,
and for your assistance to keep the Conference records accurate and up to date.

*We would love to hear about your ministry - what can we praise the Lord for?
How can we pray for you? Let us know by reaching out:
homeoffice@cccusa.com or 651-739-1474*