



2026 CHURCH SURVEY

YOUR ASSISTANCE TO RETURN THIS AS SOON AS POSSIBLE IS GREATLY APPRECIATED. Please fill out and return to the Home Office **NO LATER THAN DECEMBER 31, 2025.**

(To fill out as a PDF form and return via email, or to fill out online, go to www.cccusa.com/resources/applications)

CHURCH INFORMATION:

Church Name	_____		
Street Address	_____		
City	State/Province	Zip Code	_____
Mailing Address	_____		
(If different than street address)	_____		
City	State/Province	Zip Code	_____
Church Phone	Website	_____	
Church E-mail	_____		

CHURCH DATA:

ATTENDANCE	Current Membership	Current Attendance	_____
FINANCIAL	Annual Budget	Budgeted CCCC Giving	_____

PERSONNEL:

Pastor Last Name	_____		First Name	_____	
Title	Rev. Dr. <input type="checkbox"/>	Rev. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>
Affiliation (if not CCCC)	_____		Middle Initial	_____	
Home Address	_____				
City	State/Province	Zip Code	_____		
Phone	E-mail	_____			
Other Pastoral Staff	Name	_____		Position Title	_____
Leadership Board Chairman or Moderator	_____		Position Title	_____	
Treasurer	_____				

CONGREGATIONAL AFFIRMATION:

I hereby affirm that this Congregation remains in agreement with the CCCC Statement of Faith and the CCCC Statement of Polity (*attached*). I also affirm that we are committed to honor Jesus Christ in our relationships as we seek to live according to the CCCC Code of Ethics for Churches (*attached*). I affirm that our congregation, or the leadership team on their behalf, has reviewed these documents and confirmed our agreement.

To be signed by the Pastor, Leadership Board Chairman or Moderator on behalf of the Congregation.

SIGNATURE: _____ POSITION: _____ 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.