



2027 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, 2026.

(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. ☐ Rev. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Middle Initial _____
Affiliation (if not CCCC) _____
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: _____

***We would love to hear about the ministry in your congregation -
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***