# State/National Overseer's
# Request for Termination of Ministerial Credentials
# or Adjustment in Rank of Ministry

Minister's Name _____ Date _____

Address _____

City _____ State/Nation _____ Zip _____

Rank of Ministry: ❒ Bishop ❒ Male Minister ❒ Female Minister

Certificate Number _____ Date First Issued _____

Minister was active in the ministry as: ❒ Pastor ❒ Minister

❒ Member of State/Regional/National Staff ❒ Retired

Last ministerial position he/she served in was _____

How recently? _____

***PLEASE NOTE: If termination is due to death, only Section One needs to be filled out.*** *Form should be signed by you as State/National Overseer and sent to the office of the General Presbyter. If termination is for other reasons, please skip Section One and complete and sign the form and mail to the office of the General Presbyter. Please remember this information becomes part of the minister's permanent file at International Offices. Please share the needed information as kindly as possible.* ***After you are notified of the General Overseer's action, please notify the person either by letter or personal visit of such action.*** *If more space is needed to answer any question or give further information, please use the back of this form under "remarks."*

**SECTION ONE: Deceased**

Date of death: _____

**SECTION TWO: Adjustment in rank of ministry/change of status**

(**NOTE:** Please see *Ministry Policy Manual* for definitions and process for change of ministerial status.)
Recommendation for adjustment/change of status:

❒ **Change from Bishop to Minister** ❒ **Unable to Report** ❒ **Retired**
❒ **Suspend** ❒ **Suspension Terminated**

**SECTION THREE: Termination**

Recommendation to:

❒ **Accept resignation** ❒ **Revoke** ❒ **Lapse**

*(Continued on next page)*

**Reason for Recommendation**

(If recommendation is due to a moral failure or illegal activity, please provide detailed information in separate writing.)

_____

_____

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_____

Have special efforts been made to prevent the loss of this minister, such as visits (i.e., if minister has fallen into sin, restoration, etc.)? Please briefly share what efforts have been put forth, such as visits by you, his/her pastor, etc.

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Are you able to give or provide counseling to this minister so that hopefully at a later date he/she will be able to return to an active ministry? Please explain.

_____

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_____

**Additional information and/or remarks may be noted here.**

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_____

Date to Be Effective

_____ _____

Signature of State/Regional/National Overseer Date of Signature

_____ _____

Signature of General Presbyter Date of Signature

_____ _____

Signature of General Overseer Date of Signature