



# Apostolic Assembly of the Faith in Christ Jesus

## PASTORAL CHANGE FORM

**INSTRUCTIONS:** the timely notification of changes is vital to maintaining our files with Pastoral information. We must maintain our credential life insurance policies with this current information, to insure that our Pastors are covered through our group life insurance plan and to update our database.

Name: \_\_\_\_\_ Minstrial ID# \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

District: \_\_\_\_\_

Church Name (Don't DBA): \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (Church): \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of former Pastor: \_\_\_\_\_

and Status

Death

Disassociation

New Pastor

Transfer

Suspension (How Long? \_\_\_\_\_)

Retirement

Disciplinary Problems

If so, please explain:

Please Sign:

\_\_\_\_\_  
District Bishop

\_\_\_\_\_  
District Secretary

\_\_\_\_\_  
District Treasurer

**PLEASE FILL OUT FORM COMPLETELY AND MAIL TO:**

Apostolic Assembly

10807 Laurel St., Rancho Cucamonga, CA 91730

Attn: Alex Santos, General Secretariat Administrator