



Apostolic Assembly of the Faith in Christ Jesus

Ministerial Update Form

INSTRUCTIONS: Please complete all required information on this form. Keep a copy for your District records.

District: _____

Church: _____

Pastor: _____

Name: _____

Ministerial ID# _____

Home Address: _____
City State Zip Code

Home Telephone No. () _____ - _____ Cellular No. () _____ - _____

Email: _____

Please select all that apply:

- Death
- Divorce
- Resigned from Ministry
- Domestic Violence
- Relocated
- Health
- Retired
- Immorality
- Sexual Harassment
- Disassociation
- Sabbatical How long? _____
- Suspension How long? _____
- Sex Offender

Effective Date:

Please explain update:

Pastor's Signature Date

District Bishop / Secretary Signature Date

Please complete and email to GenSecDept@Apostolicnet.org