

Transferring Credentials Request Form

Name _____

First, Middle, Last

Constitution ID # _____

Email _____

Phone _____

NEW Home Address _____

Street address, city, state, zip

NEW Church Address _____

Street address, city, state, zip

Previous Information

OLD Home Address _____

Street address, city, state, zip

Information regarding the church you are moving from and your history of involvement.

Former Church Name _____

Former Church City _____

Position in former Church _____

Were you involved in local community ministries? _____

Were you involved in district or assembly ministries during your tenure in OH? _____

Did you hold any district or assembly offices during your tenure in Ohio? _____

Other Information (Is there anything else you would like us to know about your time of ministry in Ohio?)

Do you wish to stay connected to COGO through email bulletins? _____

Thank you so much for serving the Church and the Lord.

Please mail to: COGO Ministries | 654 McCorkle Blvd Suite G | Westerville OH 43082

OHCHOG/Credentialing/Credentialing Forms/Transferring Credentials Request Form for printing