

# REINSTATEMENT APPLICATION FOR MINISTERIAL CREDENTIALS

## The General Council of the Assemblies of God

Complete **both sides of this form**. Mail the form to your district\* office for endorsement. The district office will forward it to the General Council office. This form must be accompanied by a fee of \$\_\_\_\_\_ to cover the cost of reinstatement. Of this amount \$\_\_\_\_\_ is to be retained by the district and \$50 is to be forwarded to the General Council office.

GC USE ONLY

Level of credentials previously held:

ORDINATION

LICENSE

CERTIFICATE OF MINISTRY

"Support of the national office" - GC Bylaws, Article VII, Section 10, paragraph f

Ordained: \$25 per month

Licensed: \$20 per month

Certified: \$10 per month

1. Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Year Credentialed \_\_\_\_\_
2. Permanent mailing address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Physical address (if different) \_\_\_\_\_ Date of birth (m/d/yr) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_
3. Present county of residence \_\_\_\_\_ E-mail \_\_\_\_\_  
Ethnicity \_\_\_\_\_
4. Gender at birth  Male  Female
5. Do you voluntarily consent to a General Council mandated background check?  yes  no *If your answer is no, your application will not be processed.*
6. U.S. Citizen?  yes  no If you are not a U.S. Citizen, do you have the right to work in the U.S.?  Permanently  Temporarily  
Type of visa or worker's permit and expiration date: \_\_\_\_\_ (please include a copy)
7. Present marital status:  Single  Married  Divorced  Widowed Number of Children \_\_\_\_\_
8. Full name of spouse \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender at birth  Male  Female
9. Have you ever been divorced or had a marriage annulled?  yes  no Your spouse?  yes  no
10. If yes to above question, date of divorce/annulment \_\_\_\_\_ Date of divorce/annulment (spouse) \_\_\_\_\_
11. Have you or your spouse a former spouse still living? \_\_\_\_\_ If so, give full particulars on a separate sheet of paper.
12. Of what district were you a member when affiliation terminated? \_\_\_\_\_
13. Name of district through which you are now applying for reinstatement? \_\_\_\_\_
14. Type of ministry in which you are presently engaged:  Lead Pastor  Church Staff Member  Evangelist  AG World Missionary  
 US Missionary  Bible College Teacher  Other \_\_\_\_\_
15. If a pastor, list name of Church and Location \_\_\_\_\_
16. During the time you have not been credentialed with the Assemblies of God have you obtained credentials with another organization?  yes  no
17. If your answer is yes, please complete the following:
  - a. The name of the denomination or ministerial credentialing body \_\_\_\_\_
  - b. The type of credential held \_\_\_\_\_
  - c. The period of time during which the credential was active \_\_\_\_\_
  - d. If approved for reinstatement of your credentials are you willing to provide evidence of termination of current credentials?  yes  no
18. Are you willing to financially support the General Council and the district as prescribed by each?  yes  no
19. Do you fully agree with the Statement of Fundamental Truths (General Council Constitution Article V)?  yes  no
20. Do you not only believe these statements of fundamental doctrine, but do you publicly proclaim them from the pulpit?  yes  no
21. Please describe the development of or any changes in your doctrinal views regarding the statement of Fundamental Truths since you were last credentialed with us. **Use a separate sheet of paper if needed.**  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete the second page of this form and sign it.**

22. Of what church are you a member and/or attend (church name and location)? \_\_\_\_\_  
 \_\_\_\_\_
23. Do you have any other occupation for which you receive wages, salary or commissions? \_\_\_\_\_
24. What type of occupation? \_\_\_\_\_
25. How much time do you devote to this occupation? \_\_\_\_\_ (Give **average hours worked per week** during past year)
26. Please provide a list of your previous places of residence during the past 5 years (include counties and dates).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

Should be ORDAINED MINISTERS. *Preferably Assemblies of God. One should be the applicant's pastor.*

1. Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ Email \_\_\_\_\_
2. Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ Email \_\_\_\_\_
3. Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Digital signatures not accepted.*

<b>For District Use Only</b>	
Applicant was terminated on _____ (Date)	Due to _____ (Reason)
Exam grade (if reinstating 7+ years since credential was terminated): Bible Knowledge: _____ Doctrine: _____ Polity: _____	
This application for reinstatement is: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Signed by Superintendent or Secretary (Strike out one) _____	Date _____