



Minister's Transfer Form

International Pentecostal Holiness Church, Inc.

MINISTER: Please complete (in triplicate) the information in this section and forward this form and a Confidential Ministers' History Report to your home Conference Superintendent.

Name: _____ Licensed Ordained
Address: _____
City: _____ State: _____ Zip: _____
Requesting transfer
From: _____ Conference To: _____ Conference

HOME SUPERINTENDENT: Please complete this section and forward to the Destination Conference Superintendent.

Has this minister been consistent in his report and tithing? Yes No

Has he/she been faithful and cooperative to the General and Conference Program? Yes No

If you replied "no" to either of the above, please explain.

Have you had to deal with this person about carelessness in paying their debts? Yes No

If "yes," please explain.

Do you approve this transfer? Yes No

If "no," please explain.

Signature: _____ Date: _____

DESTINATION SUPERINTENDENT: Approve this transfer by signing your name below. Forward this form along with the Confidential Minister's History Form to the General Superintendent's Office.

I approve this transfer.

Signature: _____ Date: _____

GENERAL SUPERINTENDENT: Please complete this section and return a copy to both Conference Superintendents.

As Presiding Bishop, do you approve this transfer request? Yes No

Signature: _____ Date: _____

One copy will be returned to each conference. The original will remain on file in the General Superintendent's Office



CONFIDENTIAL MINISTER'S HISTORY
International Pentecostal Holiness Church, Inc.

PERSONAL INFORMATION (Please print or type)

Minister's Name: _____ Date: _____

Address: _____

Phone Numbers: Home _____ Office _____ Cell _____

Birthdate: _____ Gender: _____ Social Security #: _____

Marital Status: Single ___ Married ___ Divorced ___ Widowed ___

Name of Spouse: _____ Number of children: _____

EDUCATION	Name of School:	Major:	Graduate?	Degree earned
High School				
College				
Graduate School				
Special Skills or Training				

HISTORY OF MINISTRY

POSITION HELD	CHURCH NAME	DATE FROM: TO:	CITY, STATE	PHONE
REASON FOR LEAVING				
POSITION HELD	CHURCH NAME	DATE FROM: TO:	CITY, STATE	PHONE
REASON FOR LEAVING				
POSITION HELD	CHURCH NAME	DATE FROM: TO:	CITY, STATE	PHONE
REASON FOR LEAVING				
POSITION HELD	CHURCH NAME	DATE FROM: TO:	CITY, STATE	PHONE
REASON FOR LEAVING				

CHURCH INFORMATION

Local Church Minister's Certificate Conference: _____ Date: _____

Minister's License Conference: _____ Date: _____

Certificate of Ordination Conference: _____ Date: _____

Years of service: _____

Name of church where membership is held: _____

Name and address of church now attending: _____

Name of Conference membership: _____

	Date Eligible	Date joined	Date Withdrawn
Retirement			
Brotherhood			

Insurance	Date Eligible	Date Joined	Date Withdrawn
Life			
Medical - Self Dependents			
Maj. Med-Self Dependents			

In Emergency Notify	Relationship	City	State	Zip	Phone

Evaluation of Ministry and Character
(This is to be completed by the Conference Superintendent)
 Comments (Date and Signature Required)

 Minister's Signature Date

 Superintendent's Signature Date