

Pilgrim Holiness Church of New York, Inc.

Ministerial Report Form

(Modified Report for Retired and /or inactive Ministers)

Name _____ Date _____
Street Address _____ City _____ State _____ ZIP Code _____
Email _____ Phone (____) _____

(Please include information for the period from May 1 to April 30 on this report. Submit this report to the Secretary of the Examining Board by May 10 to be considered for ministerial credentials for the following Conference year.)

1. Please share with us a brief testimony as to your present spiritual standing with God.

2. Are you presently in agreement with:

_____ a. Statement of Purpose as stated in our Discipline?

_____ b. Doctrinal Statement?

_____ c. Obligations of Church Membership (3.7 – 3.9)?

If you answered No to a, b or c to the above, please explain below.

3. Where do you hold membership in the Pilgrim Holiness Church of New York, Inc.?

4. Are you a member or do you have voting privileges in any other church group? _____

I hereby affirm that the information above is true, complete and accurate,

Signature _____ **Date** _____