

Covenant Ministries International  
2707 Main Street  
Sayreville, NJ 08872  
Phone 732-727-9500 ext. 3108  
Fax 732-727-3285  
www.CovenantMinistries.International

### Credential Renewal Form

Please complete this form and mail with a photo and a \$75.00 renewal fee

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Personal E-Mail Address \_\_\_\_\_

Marital status: Single Married Widowed

Are you in full time ministry? Yes No Planning to be \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Retired

Ministry involvement: Pastor Evangelist Missionary Other \_\_\_\_\_

Name of your Ministry (if applicable) \_\_\_\_\_

Are you active in preaching or teaching? Yes No (*If no, please explain on reverse side*)

Name of Church \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Pastor ( if you are not the Pastor) \_\_\_\_\_

Church E-Mail \_\_\_\_\_ Church Website \_\_\_\_\_

Do you continue to subscribe to the Vision, Constitution & Tenets of Faith? Yes No

Do you agree to work to fulfill the Vision of CMI? Yes No

Personal Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### FOR OFFICE USE ONLY

Renewed Probationary status \_\_\_\_\_ Ordained Minister  
Licensed Minister

Payment: Cash \_\_\_\_\_ CC \_\_\_\_\_ PAYPAL \_\_\_\_\_

Date \_\_\_\_\_