**DISTRICT MINISTERIAL TRANSFER FORM**

*Manual* 205.8 – 205.9, 226. 231.9-231.10

*Please review proper procedures before completing this form.*

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| --- |
| **MINISTER’S NAME:** (as it appears on Credential) |
| **Email Address:**        | **Phone:**        |
| **Credential:** [ ]  Elder [ ]  Deacon [ ]  Licensed Minister\* | **Year Ordained/Licensed:**       |
| \*Has district licensed minister candidate experienced a divorce or an annulment? [ ]  Yes [ ]  No If yes, was the divorce or annulment barrier removed by the Board of General Superintendents? [ ]  Yes [ ]  No |
|  |
| **REQUEST FOR TRANSFER FROM** **DISTRICT:** |
| **Assignment Location on this District:**       | **Role Code/Status:**      *See* [*Role and Status Codes document.*](http://www.nazarene.org/sites/default/files/doclib/districts/English/Role%20and%20Status%20Codes%20%28Rev%2001-Mar-2018%29.pdf) |
| *To the Chairman of the*       *District Assembly:*This is to certify that the minister listed above is in good standing on this district. Having requested a transfer, this minister is hereby recommended and transferred, subject to the action of the district assembly in acceptance of this request. |
| **CONFIRMATION FROM THE SENDING DISTRICT:** |
| By order of the [ ]  District Advisory Board  **or**  [ ]  Ministerial Credential Board [ ]  District Assembly on      (*date),* the requested transfer for the minister listed above [ ]  is **or** [ ]  is not approved. |
| *Jim W Ballenger* |  | *Tim Kellerman* |
| District Secretary *(Electronic Signature)* |  | District Superintendent *(Electronic Signature)* |
| **District Email Address/Phone #:** **office@neinazarene.org 765-664-8950**  |
|  |
| **CONFIRMATION OF THE RECEIVING DISTRICT:**  |
| **New Assignment Location/Membership:**       | **Role Code/Status:**      *See* [*Role and Status Codes document.*](http://www.nazarene.org/sites/default/files/doclib/districts/English/Role%20and%20Status%20Codes%20%28Rev%2001-Mar-2018%29.pdf) |
| **Minister’s New Address:**            | **New Assignment Start Date:**      |
| By order of the [ ]  District Advisory Board  **or**  [ ]  Ministerial Credential Board [ ]  District Assembly on      *(date)*, the requested transfer for the minister listed above [ ]  is **or** [ ]  is not approved. |
|  |  |  |
| District Secretary *(Electronic Signature)* |  | District Superintendent *(Electronic Signature)* |
| **District Email Address/Phone #**:  |

*Note: Please send completed form to your* ***regional secretary*** *and* ***the sending district office*** *as confirmation the transfer has been finalized by the receiving district assembly. When transfer is* ***within the USA/Can region****, send to* ***records@nazarene.org****.*