**DISTRICT MINISTERIAL TRANSFER FORM**

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

*Please review proper procedures before completing this form.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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(Rev%2001-Mar-2018).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(Rev%2001-Mar-2018).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****.*