

**RETIRED MINISTER Fellowship (R.M.F.) APPLICATION
FOR CREDENTIALLED MINISTERS ONLY**

Application as of 9/1/2019

Note: Ministers and/or Spouses Must Complete Separate Applications
Please Complete Pages 1 & 2

For State Office Use: Recd: _____ By: _____

1. Date: _____
2. Applicant's Last Name: _____ First Name: _____ Middle Name: _____
3. Marital Status: Single *Married (*Date of Marriage): _____ Widow/Widower Divorced
4. Spouse's Last Name: _____ First Name: _____ Middle Name: _____

Note: Spouse must complete a W.R.M.F (Widow of Retired Minister Fellowship) application for approval. Restrictions apply. See RMF/WRMF

Guidelines provided by the State Council Care Committee.

5. Address: _____
6. City: _____ State: _____ Zip: _____
7. Date of Birth _____ / _____ / _____ 8. *Current Age: _____

**NOTE: Applicant must have reached the age of 62 years or be 100% disabled (show proof of disability) and have served a minimum of 15 years of fulltime ministry in Tennessee and have been verified through the records department at the (International Headquarters, Cleveland, TN) before official retirement.*

9. Home Telephone: _____ / _____ / _____ 10. Cell Telephone: _____ / _____ / _____

11. Email Address: _____

12. Ministerial File # _____ 13. Rank (Check One): Exhorter Ordained Minister Ordained Bishop

14. Check one: Male Female

15. Status (Check all that apply): Currently Active Minister Retired Minister

*Disabled Minister (*Proof of disability required)

Currently employed: Full-Time or Part Time – Employer Name: _____

Other/Explanation: _____

16. *Retirement Date: _____ 17. Age at Retirement: _____

**Official letter from the applicant stating retirement date, details, etc. must be completed by the applicant and sent to the State Overseer.*

18. Church retired from: _____

19. Where is your church membership? _____

20. List church where you attend: _____

21. List church where you pay tithes: _____

22. Ministerial Number: _____ 23. Current Ministerial Rank: Exhorter Ordained Minister
 Ordained Bishop

24. Has your license ever been revoked or surrendered? _____. If so, give approximate date and explanation: _____

25. Pastoral Endorsement: The above applicant is a faithful member in good standing and they are faithful in church attendance as health allows, a faithful tither into the tithe fund and supportive of the pastor and the church's vision.

Pastor's Signature _____ Church _____

R.M.F. "MINISTERIAL" APPLICATION CONTINUED - PAGE # 2

26. Did you serve 15 years of full time ministry in Tennessee before your first official retirement?
 Yes No

27. Number of years of full time ministry served in Tennessee: _____

28. List Ministerial History – Must be completed: (Use a separate sheet if needed)

	Name of Church	Position	Full-Time Or Part-Time	Appointment Date	Departure Date	Total of Tenure
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

FOR OFFICIAL USE ONLY BY THE CARE COMMITTEE CHAIRMAN:

Approved for R.M.F. Benefits

Not approved for R.M.F. Benefits. Explanation: _____

Signature: _____ Date: _____

**Return Completed Form To:
 Church of God State Office,
 Attention: Care & Benevolence Committee,
 7428 Old Lee Hwy, Chattanooga, TN 37421**

**Application must be received 30 Days prior to a regular State Council Meeting*

***PLEASE MAKE SURE YOU COMPLETE PAGES 1 & 2**