

COG Chaplains Commission  
**Community Service Chaplain ID Renewal Form**

Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Current ID Number: \_\_\_\_\_ Current Level: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Name of Chaplain as you would like it displayed on your certification ID Card. (No titles are permitted)  
Please type or print in block letters.

Name: \_\_\_\_\_

Level (advanced levels require documentation): \_\_\_\_\_

Date of Birth of the Chaplain (Used for background check): Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Current Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

ID renewal requires a new background check. (**Background checks DO NOT involve credit checks.**) The following information is required for us to process your background: (1) Your legal name (First, Middle, and Last); (2) Date of Birth; (3) If you do not have a middle name, your Social Security number is required. SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

**Criminal Background Check Authorization**

I authorize the Church of God Chaplains Commission to do a criminal background check on me. Yes\_\_\_ No\_\_\_

Signature of Chaplain: \_\_\_\_\_

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**Pastor/Supervisor Authorization**

I verify that \_\_\_\_\_ is an authorized volunteer Chaplain at (name of institution of agency)

Pastor or Supervisor name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Church/Institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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To renew your ID (valid for TWO YEARS):

1. Mail this completed form, **a copy of your current ID**, a headshot, and a check or money order for \$60.00 to:

COG Chaplains Commission

ATTN: CSC ID Renewal

900 Walker Street NE

Cleveland, TN 37311

2. Or, email renewal form, a digital headshot, and photo of current ID to [CSC@cogchaplains.com](mailto:CSC@cogchaplains.com). Check for \$60 may be mailed separately.