

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. (Titles are not permitted.)

Please type or print in block letters.

Name: _____

Level (Advanced levels require documentation): _____

Church of God Ministerial File Number (if applicable) _____

The COG Chaplains Commission will issue Church of God clergy in good standing a no-expiration-date ID/Certification card to be reviewed every two years.

Date of Birth of the Chaplain (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: _____

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: _____

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. Check for \$60 may be mailed separately.