UPCI Church Status Form



This form has 4 sections. Please print or type answers for all questions

SELECT CHU	JRCH STATUS TO REPORT:							
Complete so	ections based on the instructions below. Choose one of the fol	lowing options:						
Ex	isting church joining the UPCI (complete sections 1 and 4)							
	Should this existing church joining the UPCI be placed on I	NAM status?	Yes No					
Ne	Newly formed self-governing work (complete sections 1, 2, and 4)							
Ne	Newly formed daughter work (complete sections 1,2, 3, and 4)							
Ne	Newly formed preaching point (complete sections 1,2, 3, and 4)							
Ex	Existing preaching point progressing to daughter work status (complete 1, 3, and 4)							
Ex	Existing preaching point progressing to self-governing status (complete 1, 3, and 4)							
Ex	Existing daughter work progressing to self-governing status (complete sections 1,2,3, and 4)							
Ex	Existing self-governing work returning to daughter work status (complete sections 1,2,3, and 4)							
		ACCOUNT NUMBER: SECTION:						
DISTRICT: _	SECTION:							
PASTOR:		ACCOUNT NUMB	ER:					
EMAIL:	WEBSITE:							
PHONE:	ONE: CITY, AS SHOWN IN THE DIRECTORY:							
Physical add	dress:							
	STATE/PROVINCE	_ COUNTRY	ZIP					
_	lress (if different than physical address):							
CITY	STATE/PROVINCE	_ COUNTRY	ZIP					
DATE ESTAE	BLISHED:							
ALL LANGUA	AGES IN WHICH SERVICES ARE OFFERED:							

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SECTION 2: PREVIOUS CHURCH STATUS	

Was this work previously a pre	eaching point?	Yes	No		
Was this work previously a da	ughter work?	Yes	No		
IF YES TO EITHER, COMPLETE	THE FOLLOWING:				
MOTHER CHURCH NAME:				ACCOUNT NUN	ИBER:
MOTHER CHURCH PASTOR:				ACCOUNT NUM	BER:
NAME OF PREACHING POINT/	DAUGHTER WORK:	:			
SECTION 3: MOTHER CHURCH	INFORMATION				
MOTHER CHURCH NAME:	ACCOUNT NUMBER:				
MOTHER CHURCH PASTOR:		ACCOUNT NUMBER:			
Physical address:					
LINE 1					
CITY	STATE/PRO	OVINCE		_ COUNTRY	ZIP
LISTING OPTIONS FOR DIRECT	ORY (CHOOSE ONE):			
List the name of the p	astor of the mothe	er church only			
List the name of the p	astor of the daugh	ter work/prea	aching point	only (must be licen	sed with UPCI)
List both the names o	f the pastors of the	mother chur	ch and the o	daughter work/prea	ching point
SECTION 4: DISTRICT APPROV	AL				
Review and signature required	l by the District Sur	perintendent,	District Sec	retary, OR District N	IAM Director.
SIGNATURE:				DATE:	

INSTRUCTIONS:

After completing this form, please save a copy and send to UPCI Church Records using one of these methods:

- 1. By email, to churches@upci.org.
- 2. By mail, to:

United Pentecostal Church International

Church Changes

36 Research Park Court

Weldon Spring, MO 63304