



# Clergy Photo ID Application Form

The Council of Churches of the City of New York

Attach  
Head to Shoulder  
Passport Size  
Picture  
Here

If you prefer to come and have your photo taken in person, call 212-870-1020

X \_\_\_\_\_  
Signature Above

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check Title: Rev. , Dr. , Others (write) [ \_\_\_\_\_ ]  
 Church Name: \_\_\_\_\_  
 Church Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Church Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Choose the Address to Appear on Card:  
 Home Address , or Church Address

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Denominational Affiliation: \_\_\_\_\_  
 Name and address and phone of person to be contacted for denominational endorsement:  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you ordained: Y / N  
 Date of Ordination: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Type of Ordination: \_\_\_\_\_  
 College: \_\_\_\_\_  
 Year of Graduation and Degree: \_\_\_\_\_  
 Theological Schools: \_\_\_\_\_  
 Year of Graduation and Degree (Past or Future): \_\_\_\_\_  
 \_\_\_\_\_  
 Other Graduate Study: \_\_\_\_\_  
 Other Related Study or Experience: \_\_\_\_\_  
 What is your present position and title: \_\_\_\_\_  
 Have you had Clinical Pastoral Education (CPE) training? Y / N If yes, at what Institution? \_\_\_\_\_

- Note:** ♦ \$25 Non-Refundable Application Fee + \$25 ID Issuance Fee= \$50  
 ♦ The card will expire after 12 months period which at the end, the applicant has the option to receive a new valid card for \$20.00 renewal fee.

-----<See next page for Payment Option>-----



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◆ **Payment Option:**

❖ ***CHECK***

**Check enclosed for:** \$50 Y/N

**Make checks payable to:** CCCNY

**Mail check and application form to:**

CCCNY Clergy ID

475 Riverside Drive, suite 727

New York, NY 10115

❖ ***CREDIT CARD***

Visa

Mastercard

Discover

Amex

Amount to be charged: \$50

Account #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Send this Application to:**

US POSTAL MAIL

Attn. CCCNY Clergy ID

The Council of Churches of the City of New York

475 Riverside Drive, Suite 727

New York, NY 10115