



# Clergy Photo ID Renewal Form

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Name: \_\_\_\_\_  
Check Title: Rev. , Dr. , Others (write) [ \_\_\_\_\_ ]

Check Here if Home address is same from the previous application. If it is, please skip to the Church address. If not, please write new address below.

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

Check Here if Church address is same from the previous application. If not, please write new address below.

Church Name: \_\_\_\_\_  
Church Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Church Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Check here if the address appearing on the card selection same as previous ID card

Check Here if information requested below are same from the previous application. If they are, address is same from the previous application. If not, please write new address below.

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: \_\_\_\_\_

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What is your present position and title: \_\_\_\_\_

Have you had Clinical Pastoral Education (CPE) training? Y / N, If yes, at what Institution? \_\_\_\_\_

**Note:** ♦ 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.

♦ **Payment Option:**

❖ **CHECK**

**Check enclosed for:** \$20 Y/N

**Make checks payable to:** CCCNY

**Mail check and application form to:**

CCCNY Clergy ID Renewal  
475 Riverside Drive, suite 727  
New York, NY 10115

❖ **CREDIT CARD**

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Visa     | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Discover | <input type="checkbox"/> Amex       |

Amount to be charged: \$20

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

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

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

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

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

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

**Mail this Application to:**

CCCNY Clergy ID Renewal  
475 Riverside Drive, Suite 727  
New York, NY 10115

Attach a new Head-to-Shoulder passport size picture if you wish to update the picture from the previous card. Otherwise, same picture will be used and printed on your renewed Identification Card.