



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

Date: _____

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? _____

Have you ever been convicted of a crim? Y / N

If Yes, please explain: _____

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.
- ◆ The processing time for the ID card - 4 to 6 weeks

By signing below, I declare that all information provided on this application is true and correct.

Signature: _____ Date Signed: _____

(Application will not be processed without the signature of the applicant and established eligibility.)

OFFICIAL USE ONLY:

<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