

REQUEST FOR DUPLICATE CREDENTIALS (MANUAL 536.7)

1 NAME

ADDRESS (duplicate credential will be mailed here)

CITY/STATE/ZIP

2 REQUEST

TO: DISTRICT ADVISORY BOARD _____ DISTRICT _____

I request a duplicate copy of my certificate of ordination; recognition.

My copy was: misplaced; mutilated; destroyed.

For GMC use:

Cred. # _____

PKEY # _____

The original copy was issued by the _____ District Assembly

meeting in (city, state) _____ on (date) _____

The original certificate was signed by:

_____ General Superintendent

_____ District Superintendent

_____ District Secretary

The duplicate certificate should be issued in the following language:

English French Portuguese Spanish

Other _____ (requires the approval of the appropriate Regional Director)

I agree to return either the original or the duplicate to the General Secretary should the original be found.

Date: _____ Signed: _____

3 RECOMMENDATION BY DISTRICT ADVISORY BOARD TO: _____ **General Superintendent in jurisdiction.**
The District Advisory Board recommends duplicate credentials be issued. If this request is approved by you, we will report this action to the next District Assembly in the reading of the District Advisory Board report. This recommendation was passed in our meeting on _____ (date).

_____ Secretary

_____ District Advisory Board

4 APPROVAL OF GENERAL SUPERINTENDENT TO: **GENERAL SECRETARY, CHURCH OF THE NAZARENE**

I approve this request. You may issue the duplicate credentials.

I do not approve this request.

Date _____ Signed _____ General Superintendent

5 FOR USE IN GENERAL SECRETARY'S OFFICE Duplicate credentials issued on _____ (date).
 District Advisory Board was notified of this action and requested to report this action to their District Assembly _____ (date).

The above action was reported to the District Assembly and is recorded in the Annual Assembly Journal as follows:

_____ District Annual Assembly Journal _____ Page _____
Name Year