

## RETIRED INACTIVE CLERGY

| Office Use Only    |                                |
|--------------------|--------------------------------|
| Ord/Comm _____     | Prof Code _____                |
| Reviewed by: _____ | Status: _____                  |
| _____              | <input type="radio"/> Approved |
| _____              | <input type="radio"/> Pending  |
| _____              |                                |
| Note: _____        |                                |

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| Legal First Name | Preferred Name | Legal Middle Name | Legal Last Name | Suffix |
|------------------|----------------|-------------------|-----------------|--------|
|------------------|----------------|-------------------|-----------------|--------|

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
Street/PO Box
City
ST
Zip

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I am a member of this Oklahoma DOC congregation:

[illegible]

|                     |                  |
|---------------------|------------------|
| Ordained Minister   | Retired Inactive |
| Commissioned Pastor | Retired Inactive |

Optional: Please share about your current interests.

Yes                      No Thank You

**SIGNATURE & DATE REQUIRED**

By signing this document, I certify the information provided is accurate.

Signature

Date \_\_\_\_\_

