

Church Of God In Christ South Carolina Jurisdiction

District Transfer Form

District Name _____

Superintendent _____

Pastor _____

Local Church _____

Address _____

City _____ State _____

Zip _____ Phone _____

www. _____

Transfer Request To

District Name _____

Superintendent _____

Is the transfer amicable? Yes _____ No _____

If no please state briefly why it is not. _____

Signatures

Superintendent (Current) _____

Superintendent (New) _____

Bishop _____