



# 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