UPCI Church No Longer In Fellowship (CNIF) Form



CURRENT STATUS (CHOOSE	ONE): Self-governing	Daugh	ter work	Preaching point
NAME:	IE:		ACCOUNT NUMBER:	
DISTRICT:	SECTION:			
PASTOR:			ACCOUNT NUMBER:	
EFFECTIVE DATE (DATE CLOS	SED OR LAST FELLOWSHIP):			
Physical address:				
LINE 1				
CITY	STATE/PROVINCE		_ COUNTRY	ZIP
Mailing address (if different	than physical address):			
LINE 1				
CITY	STATE/PROVINCE		COUNTRY	ZIP
ALL LANGUAGES IN WHICH	SERVICES WERE OFFERED:			
ALL LANGUAGES IN WHICH S AFFILIATION: If self-governing, complete to the church affiliated with	SERVICES WERE OFFERED:	nation:		
ALL LANGUAGES IN WHICH S AFFILIATION: If self-governing, complete to the church affiliated with the disaf the disaf the church the disaf the disaftence of the disaften	SERVICES WERE OFFERED: this section on affiliation inform the UPCI? Yes	nation: No No		
ALL LANGUAGES IN WHICH: AFFILIATION: If self-governing, complete to the church affiliated with the Have you included the disafunctivity: INACTIVITY: If self-governing or daughte PRIMARY REASON:	this section on affiliation inform the UPCI? Yes filiation form? Yes r work, complete this section of	nation: No No n the mother c	hurch's informat	tion.
AFFILIATION: If self-governing, complete to the church affiliated with the Have you included the disaff to the self-governing or daughte to the self-governing or da	services were offered: this section on affiliation inform the UPCI? Yes filiation form? Yes filiation form? Yes Yes Lack of finances Lack of support Lack of transition ger licensed with the UPCI in a non-UPCI licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain and incomplete in a mon-upci licensed pastor egations (please explain a mon-upci licensed explain a mon-upci licensed egations egations egations (please explain a mon-upci licensed egations ega	one option bel Lack of grov Personal rea Unknown	hurch's informat ow as the prima vth asons	tion.

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RELATIONSHIP – MOTHER CHURCH INFORMATION:

If daughter work or pread	ching point, complete this section:			
NAME:		ACCOUNT NUMBER:		
Physical address:				
LINE 1				
CITY	STATE/PROVINCE	COUNTRY	ZIP	
PASTOR:		ACCOUNT NUMBER:		
DISTRICT APPROVAL:				
Review and signature rec	quired by either the District Superintender	nt or District Secretary.		
SIGNATURE:		DATE:		

INSTRUCTIONS:

After completing this form, please save a copy and send to UPCI Church Records using one of these methods:

- 1. By email, to churches@upci.org.
- By mail, to:
 United Pentecostal Church International
 Church Changes
 36 Research Park Court
 Weldon Spring, MO 63304