

MERGED CHURCH FORM

UNITED CHURCH OF CHRIST

NEW CHURCH RESULTING FROM MERGER

CONFERENCE	ASSUC				
CHURCH NAME					
PASTOR'S NAME		DATE MERGED			
MAILING ADDRESS					
City		State	Zip		
LOCATION ADDRESS					
City		State	Zip		
PHONE#	EMAIL				
FAX#	WEBSIT	E			
COUNTY	NUMBE	NUMBERS OF MEMBERS			
Year Organized	Handicapped Acce	ssible? (cirele or	ne) () Yes () No		
ETHNICITY	If other, please lis	If other, please list here			
	CHURCHES THAT	ARE MERGING			
CHURCH ID#	CHURCH NAMES	CHURCH NAMES		LOCATION (City & State)	
Form Completed By:		Date:			