



# NEW CHURCH FORM

## UNITED CHURCH OF CHRIST

CONFERENCE

ASSOCIATION

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CHURCH NAME

---

PASTOR'S NAME

---

MAILING ADDRESS

---

CITY

---

State

---

ZIP

---

LOCATION ADDRESS

---

CITY

---

State

---

ZIP

---

PHONE#

---

EMAIL

FAX#

---

WEBSITE

---

COUNTY

---

NUMBERS OF MEMBERS

---

YEAR ORGANIZED

---

HANDICAPPED ACCESSIBLE?  YES  NO

ETHNICITY (check one)

IS YOUR CHURCH ONA ?  YES  NO

Please check one of the following:

- New Church Start/Proposed Congregation  
(does not have standing)
- Former New Church Start that has received UCC Standing  
Official Date of Standing \_\_\_\_\_
- Independent Church Transferred to UCC  
Official Date of Standing \_\_\_\_\_
- Transferred from another Denomination (what Denomination?)  
Official Date of Standing \_\_\_\_\_
- Schedule 1 or 2 that received UCC Standing  
Official Date of Standing \_\_\_\_\_

**Please check one of the classifications (if applicable)  
and provide name of denomination**

- DUAL
- FEDERATED
- UNITED

What Denomination?

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Form completed by:

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Date:

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