



CHURCH
PENSION GROUP

19 East 34th Street
New York, NY 10016
800-223-6602
cpg.org

Clergy Reception Form

Personal Information

Legal Name

First: _____ MI: _____ Last: _____
Date of Birth: _____ Social Security (If Applicable): _____ Gender Male Female

Mailing Address

Street: _____ Preferred Phone: _____
City: _____ State: _____ ZIP: _____ Country: _____

Contact Information

Personal Email: _____ Preferred Phone: _____

Reception Information

Received Date: _____ Diocese of Reception: _____
Received From (Denomination or Province of Anglican Communion): _____

Received as: Deacon Priest

Receiving Bishop

Name: _____ Title: _____
Diocese: _____

Standing Committee Information (If Applicable)

Standing Committee of: _____
Standing Committee Diocese: _____ Head of Standing Committee: _____

Signature by the Ecclesiastical Authority

Bishop

Signature: _____ Date: _____

Head of the Standing Committee (If Applicable)

Signature: _____ Date: _____