



**Office of Formation and Leadership Development
APPLICATION FOR RETIREMENT**

APPLICANT INFORMATION

Name:

Address:

City:

State:

Zip Code:

Country:

Preferred Phone:

Type:

Alternate Phone:

Type:

Email Address:

Date of Birth:

Date of Original MCC Licensure:

RETIREMENT INFORMATION

Reason for Retirement (use additional sheets if necessary):

By my signature, I state that the information contained in this application is true and correct and that I have read and understood the definitions in the MCC Clergy Manual for Retired Clergy and will abide by them. I further agree that I will not start or engage in any unauthorized ministry as a retired MCC clergyperson.

Signature of Applicant:

Date:

.....

Please return this form to:

Metropolitan Community Churches
Office of Formation and Leadership Development
PO Box 50488
Sarasota, FL 34232
or electronically as a PDF (preferred) to OFLD@MCCChurch.net

FOR OFFICE USE ONLY: APPROVAL OF OFLD

This Application for Retirement has been reviewed and the following action taken.

Accepted

Denied

Additional Comments:

Signature:

Date: