



**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.

Signature of Applicant:

\_\_\_\_\_

Date:



Please return this form to:

Rev. Dr. Kharma Amos  
MCC Office of Formation and Leadership Development  
3145 Readsborough Court  
Fairfax, VA 22031  
or electronically as a PDF (preferred) to [OFLD@MCCChurch.net](mailto: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: