

Request for New Church Number (GCNO)

Today's Date: _____

GCNO (GCFA will Assign #)

Annual Conference: _____

District: _____

General Church Information:

Church Short Name: _____

Church Full/Legal Name: _____

Conference Local Number: _____

Church Type: _____

(Chartered, New Church Start, Satellite, Mission)

Charge: _____

(If charge name is different from church name)

Parent Church: _____

(Required for all Satellite Churches)

FOUNDED Effective Date: _____

(GCFA needs this for New Church starts)

Church Fax: _____

Church Email: _____

Organized/Chartered Effective Date: _____

Church Website: _____

Mailing Address: _____

EIN: _____

Church Ethnic: _____

0= White, 1=Asian, 2=Black, 3=Hispanic, 4=Native Am,

5=Pacific Islander, 6=Multi Racial, 7=Other

Physical Address: _____

Church Spoken Language (s): _____

01=English, 02=Spanish, 03=Russian, 04=French,

05=Kiswahili, 06=Korean, 07=Portuguese, 08=German, 09=ASL

Church Phone: _____