



Request for the Upgraded Minister Credential Application
SoCal Network Assemblies of God

Please complete the following:

Full Name: _____

Cell Phone: _____

Email: _____

If married:

Spouse Full Name: _____

Spouse Email: _____

Has your marital status change since you received your first credential?

☐ YES ☐ NO

Church City and Church Name where you serve:

Ministry or Position:

Credential Level you would like an upgrade application for:

☐ License

☐ Ordained

How would you prefer to complete the application forms: ☐ Online ☐ Paper

Applicant's Signature _____

Please email request form to: credentials@socalnetwork.org or
yvillarreal@socalnetwork.org

Network Office Use Only:

Request Received _____ Application Forms sent _____