

# COVENANT INTERNATIONAL UNIVERSITY & SEMINARY

INTERNATIONAL CHAPLAINCY CERTIFICATION PROGRAM  
ADMINISTRATIVE OFFICE

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**DATE OF CHAPLAINCY GRADUATION: AUGUST 11<sup>TH</sup> 2018**

## Chaplain Information

Title: \_\_\_\_\_  Prof  Dr.  Other \_\_\_\_\_  Mr.  Mrs.  Ms.

Family Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Badge#: \_\_\_\_\_ Cert #: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip code: \_\_\_\_\_

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Organization or Church \_\_\_\_\_ Last 4 digits of Social Security Number \_\_\_\_\_

Marital Status:  Single \_\_\_\_\_  Married \_\_\_\_\_  Divorced \_\_\_\_\_  Widow(er) \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Present Occupation: \_\_\_\_\_