

BIOGRAPHICAL INFORMATION FORM

Date _____ Social Security No. _____
 Name _____ Maiden Name _____
 Current Address _____
 Zip _____ How Long? _____
 Previous Address(es) if less than 7 years _____

Home Phone() _____ School or Office Phone() _____
 Birth Date _____ Sex: M _____; F _____
 Driver's License# _____ State _____ (If less than 3 yrs., give previous D.L.# & State) _____
 Ethnic Origin: Asian: _____ African/Black American: _____ Hispanic: _____ Native American: _____
 Pacific Islander: _____ White: _____ Other: _____
 Local Church _____ City _____
 Conference _____ District _____

Briefly describe your involvement in your local church, such as your leadership positions, groups you enjoy, church activities, etc.

Describe your church involvement in activities beyond your local church, such as district or annual conference work, church camps, worships, outreach, etc.

Your Educational Background: (include location)	Dates Attended	Degree or Credit Hrs
High School _____	_____	_____
College _____	_____	_____
Graduate School _____	_____	_____
Theological Seminary _____	_____	_____

Course of Study for Ordained Ministry Yr.1 _____; Yr2 _____; Yr3 _____; Yr4 _____; Yr5 _____
 Advanced Course of Study: Yr.1 _____; Yr2 _____; Yr3 _____; Yr4 _____

Marital Status: Single, never married: _____ Married, in first marriage _____;
 Married, in second or more (how many marriages): _____ Widowed: _____
 Separated: _____ Divorced: _____

If currently married, spouse's name _____ Birth Date _____
 Date of Marriage _____ Spouse's occupation: _____
 Your children, if any: _____

Name of Child	Date of Birth	Sex	Education
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dependents in addition to your spouse and children:

Name	Date of Birth	Sex	Education
_____	_____	_____	_____
_____	_____	_____	_____

Describe your community involvement work, such as participation in community organizations, social clubs, service agencies, and other non-church-related volunteer service:

Your childhood family and other significant relatives:

Name	Relation	Age	Sex	Education	Marital Status	Occupation
_____	<u>Father</u>	_____	_____	_____	_____	_____
_____	<u>Mother</u>	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Your work experience, such as current employment, previous employment, and military experience, if any (past 7 years)

Employer	Address	Phone #	Supervisor	Dates of Employ.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you served as a local pastor, diaconal minister, deacon or elder in the United Methodist Church? _____ Conference? _____

Conference Relationship (Indicate Date)

Consecrated Diaconal Minister _____ Probationary Member _____
 License as a Local Pastor _____ Deacon in Full Connection _____
 Associate Member _____ Elder in Full Connection _____

Have you had a change in clergy relationship with a conference of the United Meth. Church? _____
 Conference? _____

Change in Conference Relationship (Indicate Date)

Discontinuance _____ Retirement _____
 Leave of Absence _____ Withdrawal _____
 Disability Leave _____ Termination by action of the annual conference _____
 Location _____

Date _____ Signature _____

