THE UNITED METHODIST CHURCH BIOGRAPHICAL INFORMATION FORM

Name				Date				
	Street			City	State	Zip		
Iome Phone ()	School or Office	Phone (_)	Birth date			
ex: M	F E-mail							
Ethnic Origin:	Asian Native American	African American/ Pacific Islander	Black	Hispanic White	Other:			
ocal Church				_ City/State				
Conference			_ District					
Briefly describe	your involvement in yo	ur local church, such a	s your leaders	hip positions, gr	oups you enjoy, church	activities, etc.		
Describe your cl		tivities beyond your lo	cal church, su	ch as district or	annual conference work	, church camps,		
Your Educationa	al Background	Dates Attended			Degree or Credit Hours	<u>3</u>		
ligh school								
College								
Graduate School	I							
Theological Sen	ninary							
Course of Study	for Ordained Ministry	Yr.1 Yr.2	Yr.3	Yr.4	Yr.5			
Advanced Cours	se of Study:		Semes	ter Hours Credit				
Marital Status:	Single, never married Widowed	Married, Separated	in first marria	ge Ma	arried, in second or more vorced	e		
f married, spous	se's name			Bir	th date			
Date of Marriag	ge	Spouse's	s occupation _					
Your children, if any: Name of child		Date of I	Date of Birth		Education	Education		
								

(over) Form 102/2009

Dependents in addition to your spouse and cl Name of child		Date of Birth		Education			
Describe your community involvement and vagencies, and other non-church-related voluments.		ich as participation i	in community	organizations	, social clubs, service		
Your childhood family and other significant	relatives:						
Name Relation	Age Sex	Education	M	arital Status	Occupation		
Father							
							
Your work experience, such as current e	mployment, prev	vious employment	t, and militar	y experience	, if any.		
Have you served as a local pastor, diacon	nal minister, dea	con or elder in Th	ne United Me	ethodist Chur	ch? Yes No		
If Yes, what Conference?							
Conference Relationship Indicate	e Date			Indic	ate Date		
Consecrated Diaconal Minister		Probationary Member					
Associate Member		Elder in Full Connection					
Have you had a change in clergy relation	nship with a conf	ference of The Un	ited Method	ist Church?	Yes No		
If Yes, what Conference?							
Change in Conference Relationship	Indicate	e Date		<u>Ir</u>	ndicate Date		
Discontin							
Leave of A Disability							
Termination by action of the annual cor	_		VV 1	marawai _			

If additional space is needed, please use a separate sheet of paper and attach to this form.

*** <u>Note</u> ***