THE UNITED METHODIST CHURCH BIOGRAPHICAL INFORMATION FORM

| First Name | Middle | Last Name |
|--|---|----------------|
| Address | C' | G |
| Street | City | State Zip |
| Home Phone () | School or Office Phone (| _) |
| E-mail Address | Birthday | |
| Sex: M F E-mail | | |
| Ethnic Origin: Asian African America | nn/Black Hispanic/Latino | Other: |
| American Indian Native | Hawaiian/Pacific Islander Wl | nite/Caucasian |
| | | |
| Conference Name | District Nar | me |
| | | |
| Local Church Name | | |
| Address | | |
| Street | City | State Zip |
| | | |
| | | |
| | | |
| | ties beyond your local church, such as di | |
| Describe your church involvement in activi | ties beyond your local church, such as di | |
| Describe your church involvement in activi | ties beyond your local church, such as di | |

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Your Educational Background

| | | | Dates Attende | | Degree or # of Credit Hours |
|---|--|--------|------------------|---------|--------------------------------|
| High School | | | | | |
| College | | | | | |
| Graduate School | | | | | |
| Theological Seminary | | | | | |
| Course of Study | Yr. 1□ Yr. 2 □ | Yr. 3□ | Yr. 4□ | Yr. | 5□ |
| Adv. Course of Study | | | | Cre | dit Hrs: |
| Marital Status: Single, never married Widowed If married, please indicate your | Separated | | urried, in secon | nd or n | nore |
| First Name | Middl | e | | | Last Name |
| Birth date | Date of Mar | riage | | | |
| Spouse's occupation | | | | | |
| Your children, if any: | | | | | |
| Child's Name | Date of Birth | G / | /C 1 | | T11 4 |
| Ciliu s Name | Date of birth | Sex/ | Gender (| | Education |
| Cinia s Name | Date of Birth | Sex/ | Gender | | Education |
| Ciniu s Name | Date of birth | Sex/ | Gender | | Education |
| Ciniu s Name | Date of Dirtii | Sex/ | Gender | | Education |
| Ciniu s Name | Date of birth | Sex/ | Gender | | Education |
| Dependents in addition to your s | pouse and children: | | | | |
| | | | Gender Gender | | Education |
| Dependents in addition to your s | pouse and children: | | | | |
| Dependents in addition to your s | pouse and children: | | | | |
| Dependents in addition to your s | pouse and children: | | | | |
| Dependents in addition to your s | pouse and children: | | | | |
| Dependents in addition to your s | pouse and children: Date of Birth rement and volunteer work, | Sex/ | 'Gender | munity | Education |
| Dependents in addition to your s Dependent's Name Describe your community involve | pouse and children: Date of Birth rement and volunteer work, | Sex/ | 'Gender | munity | Education |
| Dependents in addition to your s Dependent's Name Describe your community involve | pouse and children: Date of Birth rement and volunteer work, | Sex/ | 'Gender | munity | Education |
| Dependents in addition to your s Dependent's Name Describe your community involve | pouse and children: Date of Birth rement and volunteer work, | Sex/ | 'Gender | munity | Education |
| Dependents in addition to your s Dependent's Name Describe your community involve | pouse and children: Date of Birth rement and volunteer work, | Sex/ | 'Gender | munity | Education |

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Your childhood family and other significant relatives:

| Name | Relation | Age | Marital Status | Education | Sex/Gender | Occupation |
|------|----------|-----|-------------------|-----------|------------|------------|
| | Father | | | | | |
| | Mother | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Work Experience: (current employment, previous employment, and military experience, if any.) | | | | |
|---|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Have you served as a local pastor, diaconal minister, deacon or elder in The United Methodist Church? Yes □ No □ If Yes, what Conference? | | | | |
| | | | | |

Conference Relationship

| | DATE | | DATE |
|-------------------------------|------|--------------------|------|
| Consecrated Diaconal Minister | | Provisional 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 Methodist Church? Yes \square No \square Change in Conference Relationship

| | DATE | | DATE |
|------------------------------|------|------------|------|
| Discontinuance | | Location | |
| Leave of Absence | | Retirement | |
| Medical Leave | | Withdrawal | |
| Termination by action of the | | | |
| annual conference | | | |

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