

THE UNITED METHODIST CHURCH
Biographical Information Form

First Name Middle Last Name

Address _____
 Street City State Zip

Home Phone (_____) _____ School or Office Phone (_____) _____

E-mail Address _____ Birthday _____

Sex: _____ M _____ F

Ethnic Origin:
_____ Asian _____ African American/Black _____ Hispanic/Latino Other: _____
_____ American Indian _____ Native Hawaiian/Pacific Islander _____ White/Caucasian

Conference Name District Name

Local Church Name

Address _____
 Street City State Zip

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, workshops, outreach, etc.

Your Education Background

		Dates Attended	Degree or # of Credit Hours
High School			
College			
Graduate School			
Theological School			
Course of Study	Yr. 1 <input type="radio"/> Yr. 2 <input type="radio"/> Yr. 3 <input type="radio"/> Yr. 4 <input type="radio"/> Yr. 5 <input type="radio"/>		
Adv. Course of Study		Credit Hrs:	

Marital Status:

Single, never married _____ Married, in first marriage _____ Married, in second or more _____
 Widowed _____ Separated _____ Divorced _____

If married, please indicate your spouse's information.

 First Name Middle Last Name

Birth date _____ Date of Marriage _____

Spouse's occupation _____

Your children, if any:

Child's Name	Date of Birth	Sex/Gender	Education

Dependents in addition to your spouse and children (if any):

Dependent's Name	Date of Birth	Sex/Gender	Education

Describe your community involvement and volunteer 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	Marital Status	Education	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 No

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.