

# The United Methodist Church

## BIOGRAPHICAL INFORMATION FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: M  F

Local Church: \_\_\_\_\_ City: \_\_\_\_\_

District: \_\_\_\_\_

### Educational Background

	INSTITUTION	DATES ATTENDED	DEGREE OR CREDIT HOURS
High School	_____	_____	_____
College	_____	_____	_____
Grad School	_____	_____	_____
Seminary	_____	_____	_____

Course of Study      Yr.1 \_\_\_\_\_ Yr. 2 \_\_\_\_\_ Yr. 3 \_\_\_\_\_ Yr. 4 \_\_\_\_\_ Yr. 5 \_\_\_\_\_

Advanced Course of Study      Yr.1 \_\_\_\_\_ Yr. 2 \_\_\_\_\_ Yr. 3 \_\_\_\_\_ Yr. 4 \_\_\_\_\_

### Marital Status:

Single, never married:

Married, in first marriage:

Widowed:

Married, second or more:

No. \_\_\_\_\_

Separated:

Divorced:

If married, spouse's name: \_\_\_\_\_

Your children, if any:

NAME OF CHILD	DATE OF BIRTH	SEX
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dependents in addition to your spouse and children:

NAME OF CHILD	DATE OF BIRTH	SEX
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your childhood family and other significant relatives:

NAME	RELATION	AGE	SEX	MARITAL STATUS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Conference Relations:**

Have you served as a local pastor or ordained minister in the United Methodist Church?

Yes:

No:

Which Conference? \_\_\_\_\_

DATE

Certification as a Candidate for Ordained Ministry:

License as a Local Pastor:

Associate Membership:

Probationary Membership:

Membership in Full Connection:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_