

**THE UNITED METHODIST CHURCH
BIOGRAPHICAL INFORMATION FORM**

Personal

Date: _____

Full name: _____

Address: _____

Email: _____ Social Security number: _____

Phones: Home: _____ School/office: _____ Cell: _____

Date of birth: _____ Gender: Male ___ Female ___

Ethnic origin: African-American/Black ___ Asian ___ Hispanic ___ Native American ___
Pacific Islander ___ White ___ Multi-racial ___

Local church: _____ City: _____

Conference: _____ District: _____

Family

Marital Status: Single (never married) ___ Married (first marriage) ___ Married (second or more) ___
Widowed ___ Separated ___ Divorced ___

If married: Spouse's name: _____ Date of birth: _____
Date of marriage: _____ Spouse's occupation: _____

| Names of children (if any) | Date of birth | Gender | Education |
|----------------------------|---------------|-------------|-----------|
| _____ | _____ | M ___ F ___ | _____ |
| _____ | _____ | M ___ F ___ | _____ |
| _____ | _____ | M ___ F ___ | _____ |
| _____ | _____ | M ___ F ___ | _____ |
| _____ | _____ | M ___ F ___ | _____ |

Dependents other than your spouse and children (if any):

| Names | Date of birth | Gender | Education |
|-------|---------------|-------------|-----------|
| _____ | _____ | M ___ F ___ | _____ |
| _____ | _____ | M ___ F ___ | _____ |

Your childhood family and other significant relatives:

| Names | Relation | Age | Gender | Education | Marital Status | Occupation |
|-------|---------------|-------|-------------|-----------|----------------|------------|
| _____ | <u>Father</u> | _____ | M ___ F ___ | _____ | _____ | _____ |
| _____ | <u>Mother</u> | _____ | M ___ F ___ | _____ | _____ | _____ |
| _____ | _____ | _____ | M ___ F ___ | _____ | _____ | _____ |
| _____ | _____ | _____ | M ___ F ___ | _____ | _____ | _____ |
| _____ | _____ | _____ | M ___ F ___ | _____ | _____ | _____ |

Education

| Schools | Dates attended | Degree/credit hours |
|-----------------------------|----------------|---------------------|
| High school: _____ | _____ | _____ |
| College: _____ | _____ | _____ |
| Graduate school: _____ | _____ | _____ |
| Theological seminary: _____ | _____ | _____ |

or

Courses of study for ordained ministry: Year 1 ___ Year 2 ___ Year 3 ___ Year 4 ___ Year 5 ___

Advanced course study: _____ Semester hours' credit: _____

UMC Relationship

Have you served as a local pastor, diaconal minister, deacon or elder in The United Methodist Church? Yes ___ No ___

If yes, in what conference? _____

Conference relationship (indicate date):

Consecrated diaconal minister _____

Licensed as a local pastor _____

Associate member _____

Probationary member _____

Deacon in full connection _____

Elder in full connection _____

Have you had a change in clergy relationship with a conference of The United Methodist Church? Yes ___ No ___

If yes, in what conference? _____

Change in conference relationship (indicate date)

Discontinuance _____

Leave of absence _____

Incapacity leave _____

Location _____

Retirement _____

Withdrawal _____

Termination by action
of the annual conference _____

Church involvement

Briefly describe your involvement in your local church (leadership positions, groups, activities, etc.) *(500 words or less)*

Briefly describe your church involvement in your local church (district/annual conference work, church camps, workshops, outreach, etc.) *(500 words or less)*

Community involvement

Briefly describe your community involvement and volunteer work (participation in community organizations, social clubs, service agencies, and other non-church-related volunteer service) (*500 words or less*):

Work experience

Briefly describe your work experience (current/previous employment, military experience) (*500 words or less*):