SAVE PRINT

# CLERGY PERSONAL FORM

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____ EMAIL ADDRESS _____

INSERT YOUR PICTURE

## PRESENT ASSIGNMENT INFORMATION

NAME OF CHARGE _____ ADDRESS OF THE CHARGE _____ CITY _____ STATE _____ ZIP _____

ANNUAL CONFERENCE _____ PRESIDING ELDER'S DISTRICT _____ ANNUAL SALARY _____ YEARS ASSIGNED _____

____ YES ____ NO IS THERE A PARSONAGE? ____ YES ____ NO DO YOU RESIDE IN PARSONAGE? PARSONAGE ADDRESS _____ CITY ST ZIP

## PROFESSIONAL PROFILE AND EDUCATIONAL BACKGROUND

(LIST LAST 3 ASSIGNMENTS)

CHARGE _____ CONFERENCE _____ PE DISTRICT _____ SALARY _____ YRS _____

CHARGE _____ CONFERENCE _____ PE DISTRICT _____ SALARY _____ YRS _____

CHARGE _____ CONFERENCE _____ PE DISTRICT _____ SALARY _____ YRS _____

(BI-VOCATIONAL)

____ YES ____ NO NAME OF EMPLOYER _____

(EDUCATIONAL BACKGROUND)

____ GED/HIGH SCHOOL DIPLOMA ____ ASSOCIATES DEGREE ____ BS/BA ____ MA/MS/M DIV ____ PH D

## FAMILY STATUS INFORMATION

(MARITAL STATUS)

___ SINGLE ___ MARRIED ___ DIV ___ WIDOW

YOUR DATE OF BIRTH (DATE & MONTH ONLY) _____

SPOUSE'S NAME _____

SPOUSE'S DATE OF BIRTH (DATE & MONTH ONLY) _____

ANNIVERSARY DATE OF BIRTH (DATE & MONTH ONLY) _____

NUMBER OF CHILDREN _____

9th Episcopal District of the African Methodist Episcopal Church

DATE _____