

**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 \_\_\_\_\_ E-mail

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Your Educational Background**

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

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:

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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.)

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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.**