



THE MONTGOMERY-OPELIKA DISTRICT OF THE UNITED METHODIST CHURCH BIOGRAPHICAL INFORMATION FORM

PLEASE INCLUDE A RECENT PHOTOGRAPH

Title _____ First Name _____ M _____ Last Name _____
 Address _____
 E-Mail _____ SS# _____ - _____ - _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____
 Birth Date _____ Sex: M _____ : F _____ Conf Relation: _____

(FE, PD, FL, PL, etc.)

Ethic Origin: Asian _____ : African/Black American _____ : Hispanic _____ : Native American _____ :
 Pacific Islander _____ : White _____

Home Church _____ City _____
 Conference _____ District _____
 Certified Mentor? ___Y ___N If No, please state name & address of your Mentor:

Briefly describe your involvement in your local church, such as your leadership positions, groups you enjoy, church activities, etc.

Your Education Background	Dates Attended	Degree or Credit Hrs.
High School _____	_____	_____
College _____	_____	_____
Graduate School _____	_____	_____
Theological Seminary _____	_____	_____
Track: _____		
Course of Study for Ordained Ministry	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 _____ :
 Married, in second or more _____ : Widowed _____ : Separated _____ : Divorced _____ :

If married, Spouse's name _____ Birth Date _____
 Date of marriage _____ Spouse's Occupation _____

Your children, if any:

Name of Child	Date of Birth	Sex	Education
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Over)

Dependents in addition to your spouse and children:

Name	Date of Birth	Sex	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 significant relatives:

Name	Relation	Age	Sex	Education	Status	Occupation
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Your work experience, such as 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? _____ Conference? _____

Conference Relationship (Indicate Date):

Consecrated Diaconal Minister	_____
License 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? _____ Conference? _____

Change in Conference Relationship (Indicate Date):

Discontinuance	_____
Leave of Absence	_____
Disability Leave	_____
Location	_____
Retirement	_____
Withdrawal	_____
Termination by action of the annual conference	_____

Signature

Printed Name

Date

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