



BIOGRAPHICAL INFORMATION

This is a *Discipline* required form.

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Contact Address: _____

City: _____ State: _____ Zip: _____

Work Phone: Cell Phone: Other Phone: _

Email: _____ Date Commissioned: _____

Gender: _____ Ethnicity: _____

Local Church: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Biographical Information

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.

Educational Background

Educational Background		Dates Attended	Degree or # of Credit Hours
High School			
College			
Graduate School			
Theological Seminary			
Course of Study			
Adv. Course of Study			Credit Hrs:



Marital Status: Single (Never Married) Widowed
 Married Divorced

If married, please indicate your spouse's information:

Spouse's First Name: _____ Last Name: _____

Spouse's Occupation: _____ Marriage Date: _____

Your Children, if any:

Child's Name	Age	Gender	Education

Additional Dependents, if any:

Child's Name	Age	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:

Your childhood family and other significant relatives:

Name	Relation	Age	Marital Status	Education	Gender	Occupation
	Father					
	Mother					

Work Experience: (current employment, previous employment, and military experience, if any.)

Have you previously served as a local pastor, diaconal minister, deacon, or elder in The United Methodist Church?

Yes No If yes, which Conference: _____

If yes, what was your relationship?: _____

Have you previously served as a local pastor, diaconal minister, deacon, or elder in The United Methodist Church?

Yes No

Change in Conference Relationship

	Date		Date
Discontinuance		Administrative Location	
Leave of Absence		Honorable Location	
Medical Leave		Retirement	
Termination by Annual Conference Action		Withdrawal	

Note: If additional space is needed please use a separate sheet of paper and attach this form.

Signature

Date

Complete and upload into eBridge. For questions contact
ministerialservices@inumc.org.