



**BIOGRAPHICAL INFORMATION – SHORT FORM**

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: \_\_\_\_\_

Current Appointment: \_\_\_\_\_

Appointment Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Significant Changes Since Commissioning**

In the space below, please fill out any changes to your family, financial status, health, or other situation since you were elected to Provisional Membership:

Any changes to your family?

Any changes to your financial status?

Any changes to your health?

Any other changes that should be mentioned?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Complete and upload into Passage [UMC]. For questions contact [ministerialservices@inumc.org](mailto:ministerialservices@inumc.org).