

**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**

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