

# Clergy File Information Form

Please complete this form and send it to the district office if you have changes in personal information or clergy appointment.

(Please PRINT legibly.)

Basic Personal Information		
Today's Date (xx/xx/xxxx):	Full Name:	
Ethnic Origin:	Birth Date (xx/xx/xxxx):	Gender:
"Goes By" Name:	If Member of Another Conference – Name of Conference:	

Current Contact Information		
Current Office Phone:	Current Home Phone:	Current Cell Phone:
E-mail Address:		
Current Mailing Address:		
City:	State:	Zip Code:

New Office Contact Information		
Church/Exten. Ministry Name:	New Office Phone:	
New Office Mailing Address:		
City:	State:	ZIP Code:
New Office E-mail Address:		
Fax:		

New Personal Contact Information		
New Home Address:		
City:	State:	Zip Code:
New Home Phone:	New Cell Phone:	
Personal E-mail Address (Optional):		

New Preferred Contact Information
Which of your mailing addresses do you prefer our office use – home or office?
What e-mail address do you prefer our office use?

Family Information		
Spouse Full Name:		
Marriage Date (xx/xx/xxxx):	Spouse Birth Date (xx/xx/xxxx):	Spouse Cell Phone:
Spouse E-mail Address:		
Children Name and Birth Date (xx/xx/xxxx):		