

PERMAMENT RECORD FOR MINISTERS

Return by November 1

Full Name (Print) _____

Home Address _____

School Address _____

Phone (Home) _____ Phone(work) _____ E-mail _____

Father's Name _____ Mothers Name _____

Date and Place of Birth _____ Name of Local Church _____

Date of Recommendation by Charge Conference _____ Name _____

Marital Status: Single _____ Married _____ Divorced _____ No. Of Children _____

Spouse's Name _____

If Ordained or Commissioned, furnish copy of certificate:	Commissioning _____	Date _____
	Deacon's Orders _____	Date _____
	Elders Orders _____	Date _____

Educational Qualifications:

High School _____	Name _____	Date of Graduation _____
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College _____	Name _____	Degree (or credit hours) _____	Date of Graduation _____
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Theological School _____	Name of School _____
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_____	Degree _____	Date of Graduation _____
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(Transcripts of all college, seminary and graduate credits must be provided to the Registrar)

Received by transfer, Date _____ from _____ Deacon _____ Elder _____

Have you previously applied to any Annual Conference of the United Methodist Church? _____ (If yes, explain)

Year in which you expect to seek a local church appointment _____

By completing the application and signing below you agree to the standards for ministry as given in the 2004 Discipline.

Signed _____

Date _____