

Return to: Presbytery of Great Rivers, Attn: Patti Parrish
3601 N Sheridan Rd, Peoria, IL 61604

Date: _____

MINISTERIAL RECORD

PERSONAL INFORMATION:

Name: _____

Preferred Name: _____

Home Address: _____
STREET CITY STATE ZIP

Phone: Home: _____

Office: _____

Fax#: _____

Cell: _____

E-Mail Address: _____

Date of Birth: _____
MONTH / DAY / YEAR

Ordination Date: _____
MONTH / DAY / YEAR

Retirement Date: _____
MONTH / DAY / YEAR

DENOMINATION: _____

Presbytery of Ordination: _____

Do you have Interim Training? YES NO

Week 1 Week 1 & 2

CURRENT STATUS:

Church(s) Serving: _____

FAMILY INFORMATION:

Spouse's Name: _____

EDUCATION: *(Use back of page if more space is needed)*

College: _____

Degree: _____ Year: _____

Seminary: _____

Degree: _____ Year: _____

Masters/Doctorates:

College/University Seminary: _____

Degree earned: _____ Year degree earned: _____

Honorary Degree: _____

CHURCHES SERVED OR POSITIONS HELD SINCE ORDINATION: *(Use reverse side if necessary)*

Church or Agency/City/Location	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Talents & Areas of Interest: *(SPORTS, MUSIC, WRITING, SPIRITUALITY)* _____

Last Date You Served as a **General Assembly Commissioner**: _____

Last Date You Served as a **Synod Commissioner**: _____