

Return to: Presbytery of Great Rivers, Attn: Patti Parrish
1230 W Candletree Dr, Suite D, Peoria, IL 61614

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: _____ Ordination Date: _____
MONTH / DAY / YEAR MONTH / DAY / YEAR

Retirement Date: _____ DENOMINATION: _____
MONTH / DAY / YEAR

Presbytery of Ordination: _____

Do you have Interim Training? YES NO Week 1 Week 1 & 2

FAMILY INFORMATION:

Spouse's Name: _____ Wedding Date: _____

Child's Name: _____ Child's Name: _____

Child's Name: _____ Child'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**: _____