

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

Date: _____

MINISTERIAL RECORD for RULING ELDERS

PERSONAL INFORMATION:

Name: _____ Preferred Name: _____
Home Address: _____
STREET CITY STATE ZIP
Phone: Home: _____ Office: _____
Fax#: _____ Cell: _____
E-Mail Address: _____
Date of Birth: _____ DENOMINATION: _____
Certification Year: _____ Commissioning Date: _____
MONTH / DAY / YEAR
Church: _____ Interim Training Completed ___Week 1 ___Week 1&2
NAME & CITY

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)* _____

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