

# EPC-UMC BOARD OF ORDAINED MINISTRY

## The United Methodist Church Biographical Information Form

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ School or Office Phone (\_\_\_\_\_) \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex  Male  Female

Ethnic Origin:  Asian  African/Black American  Hispanic  Native American  
 Pacific Islander  White

Local Church \_\_\_\_\_ City \_\_\_\_\_

Conference \_\_\_\_\_ District \_\_\_\_\_

Briefly describe your involvement in your local church, such as your leadership positions, groups you enjoy, church activities, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your church involvement in activities beyond your local church, such as district or annual conference work, church camps, workshops, outreach, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Educational Background \_\_\_\_\_ Dates Attended Degree or Credit Hrs. \_\_\_\_\_

High school \_\_\_\_\_

College \_\_\_\_\_

Graduate School \_\_\_\_\_

Theological Seminary \_\_\_\_\_

Course of Study for Ordained Ministry Yr. 1 \_\_\_\_\_; Yr. 2 \_\_\_\_\_; Yr. 3 \_\_\_\_\_; Yr. 4 \_\_\_\_\_; Yr. 5 \_\_\_\_\_.

Advanced Course of Study Yr. 1 \_\_\_\_\_; Yr. 2 \_\_\_\_\_; Yr. 3 \_\_\_\_\_; Yr. 4 \_\_\_\_\_.

Marital Status  Single, never married  Married, in first marriage

Married, in 2<sup>nd</sup> or more  Widowed

Separated  Divorced

If married, spouse's name \_\_\_\_\_ Birth date \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

Your children, if any:

Name of child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Education \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe your community involvement and volunteer work, such as participation in community organizations, social clubs, service agencies, and other non-church-related volunteer service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your childhood family and other significant relatives:

Name	Relation	Age	Sex	Education	Marital Status	Occ.
_____	Father	____	____	_____	_____	_____
_____	Mother	____	____	_____	_____	_____
_____	_____	____	____	_____	_____	_____
_____	_____	____	____	_____	_____	_____
_____	_____	____	____	_____	_____	_____

Your work experience, such as current employment, previous employment, and military experience, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you served as a local pastor, diaconal minister, deacon or elder in the United Methodist Church \_\_\_\_\_? Conference? \_\_\_\_\_

**Conference Relationship (Indicate Date)**

- Consecrated Diaconal Minister \_\_\_\_\_
- Licensed as a Local Pastor \_\_\_\_\_
- Associate Member \_\_\_\_\_
- Provisional Member \_\_\_\_\_
- Deacon in Full Connection \_\_\_\_\_
- Elder in Full Connection \_\_\_\_\_

Have you had a change in clergy relationship with a conference of the United Methodist Church \_\_\_\_\_? Conference? \_\_\_\_\_

**Change in Conference Relationship (Indicate Date)**

- Discontinuance \_\_\_\_\_
- Leave of Absence \_\_\_\_\_
- Disability Leave \_\_\_\_\_
- Location \_\_\_\_\_
- Retirement \_\_\_\_\_
- Withdrawal \_\_\_\_\_
- Termination by action of the Annual Conference \_\_\_\_\_

**Send to BOOM – Registrar**  
**Retain a copy for your records.**