



Dependents in addition to your spouse and children:

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	Occupation
_____	<u>Father</u>	_____	_____	_____	_____	_____
_____	<u>Mother</u>	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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? Yes \_\_\_ No \_\_\_

If Yes, what Conference? \_\_\_\_\_

Conference Relationship	Indicate Date	Indicate Date
Consecrated Diaconal Minister	_____	Probationary Member _____
License as a Local Pastor	_____	Deacon in Full Connection _____
Associate Member	_____	Elder in Full Connection _____

Have you had a change in clergy relationship with a conference of The United Methodist Church? Yes \_\_\_ No \_\_\_

If Yes, what Conference? \_\_\_\_\_

Change in Conference Relationship	Indicate Date	Indicate Date
Discontinuance	_____	Location _____
Leave of Absence	_____	Retirement _____
Disability Leave	_____	Withdrawal _____
Termination by action of the annual conference	_____	

\*\*\* **Note** \*\*\* **If additional space is needed, please use a separate sheet of paper and attach to this form.**

Mail completed form to: Reverend Eugene Cochran; Director of Ministerial Services; PO Box 18149; Macon, GA 31209

Office: 478-742-4766 Fax: 478-742-8012

Form 102/2009