

PASTOR'S INFORMATION FORM

NAME: Title: _____ First: _____ Middle: _____ Last _____ Ext: _____

Home Address _____

City: _____ State: _____ Zip: _____ Country, if other than USA: _____

Home Phone _____ Cell Phone _____ Home Email _____

Office Address _____ Church Website: _____

City: _____ State: _____ Zip: _____ Country, if other than USA: _____

Office Phone _____ Office Fax _____ Office Email _____

Date of Birth _____ Birthplace _____ Ethnic Background _____

Current Roster Status: Active Candidate Non-candidate Emeritus

EDUCATION:

Pre-Seminary _____ Degree: _____ Year: _____

Seminary _____ Degree: _____ Year: _____

Post-graduate Work: Where? _____ Degree: _____ Year: _____

LANGUAGE ABILITY: German Spanish Signing Other _____

SIZE OF PRESENT CONGREGATION: _____ Baptized Members _____ Communicants _____ Avg. Worship Att. _____

EXPERIENCE: (In the case of a multiple parish, separate numbers with a slash, e.g., 124/231.)

Previous Occupations _____

Vicarage (Church, Location, and Date): _____

Ordination Date _____

Congregation/Ministry: (List in chronological order; also indicate if Sr., Asst. or Assoc.)	Location	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SERVICE BEYOND THE CONGREGATION:

District: _____

Synod: _____

Auxiliaries _____

Community _____

Military: _____

Name _____

Name _____

MARITAL STATUS OF PASTOR (Check One):

- | | | |
|---|---|--|
| <input type="checkbox"/> 1. Single, never married | <input type="checkbox"/> 4. Divorced, not remarried | <input type="checkbox"/> 7. Widowed, not remarried |
| <input type="checkbox"/> 2. Married, without children | <input type="checkbox"/> 5. Divorced, remarried, without children | <input type="checkbox"/> 8. Widowed, remarried, without children |
| <input type="checkbox"/> 3. Married, with children | <input type="checkbox"/> 6. Divorced, remarried, with children | <input type="checkbox"/> 9. Widowed, remarried, with children |

FAMILY INFORMATION

Wife's Name: Title: _____ First: _____ Middle: _____ Last _____ Maiden: _____

Wife's Email _____

Date of Marriage _____ Wife's Birthdate _____ Wife's Birthplace _____

Vocation/Abilities of Wife _____

Children (Name, Birthdate, Sex) (Note if deceased) (List last name if different from above):

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

Children at Home - Designate by Numbers Above _____

SPECIAL FAMILY INFORMATION (Physical disabilities, serious health problems, or other matters):

SET: Yes No

DATE LAST MODIFIED: _____

Name _____