



BIOGRAPHICAL INFORMATION FORM
Form 102

Name: _____
First Middle Last

Address: _____
Street City State ZIP

Cell Phone: (____) _____ Other Phone: (____) _____

Sex: Male ☐ Female ☐ Non-Binary ☐ Prefer not to answer ☐

Email: _____

Ethnic Origin:

- Asian
- Black or African American
- Hispanic or Latino
- Multiracial (or Two or More Races)
- Native American or Alaska Native
- Pacific Islander
- White
- Other race or ethnicity

Conference: _____ District: _____

Local Church: _____

Church Address: _____
Street City State ZIP

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.

Educational Background		Dates Attended	Degree or # of Credit Hours
High School			
College			
Graduate School			
Theological Seminary			
Course of Study	Yr. 1 <input type="checkbox"/> Yr. 2 <input type="checkbox"/> Yr. 3 <input type="checkbox"/> Yr. 4 <input type="checkbox"/> Yr. 5 <input type="checkbox"/>		
Adv. Course of Study			Credit Hours:

Marital Status

☐ Married (First marriage) ☐ Widowed
☐ Married (Second marriage or more) ☐ Separated/Divorced
☐ Single (Never married)

If married, please indicate your spouse's information:

Name: _____

Birth Date: _____ Marriage Date: _____

Spouse's Occupation: _____

Your children, if any:

Child's Name	Date of Birth	Sex/Gender	Education

Additional dependents, if any:

Dependent's Name	Date of Birth	Sex/Gender	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	Marital Status	Education	Sex/Gender	Occupation
	Parent					
	Sibling					

Work Experience: (current employment, previous employment, and military experience, if any.)

Have you previously served as a local pastor, diaconal minister, deacon, or elder in The United Methodist Church?

Yes ☐ No ☐ If Yes, What Conference? _____

Conference Relationship

	DATE		DATE
Diaconal Minister		Provisional Member	
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 ☐



Change in Conference Relationship

	DATE		DATE
Discontinuance		Administrative Location	
Leave of Absence		Honorable Location	
Medical Leave		Retirement	
Termination by Annual Conference Action		Withdrawal	

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