HIGHER EDUCATION & MINISTRY
The United Methodist Church

BIOGRAPHICAL INFORMATION FORM
Form 102

Name:
First Middle Last

Date of Birth: Preferred Pronouns:

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

Citizenship Status:

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 ☐ Yr. 2 ☐ Yr. 3 ☐ Yr. 4 ☐ Yr. 5 ☐		
Adv. Course of Study		Credit Hours:	

Marital Status

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

If married, please indicate your spouse's information:

Name:

Birth Date: Marriage Date:

Spouse's Occupation:

Your children, if any:

Child's First Name	Child's Last 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.**