Partners in Mission for Christ

CLERGY INFORMATION FORM

Please complete and return form to the office:
Homestead Presbytery, 8300 East Pointe Road, Lincoln, NE 68506
hpoffice@HomesteadPres.org

CLERGY NAME _____

NICKNAME_____BIRTHDATE_____

PREVIOUS LAST NAME(S) USED _____

ADDRESS_____

_____

PHONE NUMBERS:

(HOME)_____(CELL)_____ (WORK)_____

E-MAIL ADDRESS_____

ORDINATION DATE_____ORDAINED BY_____

EDUCATION COMPLETED:

UNDERGRAD: SCHOOL _____ YEAR _____

MDiv: SCHOOL _____YEAR _____

DOCTORATE: SCHOOL _____ YEAR _____

FIELD _____

FAMILY:

NAME OF SPOUSE_____NICKNAME_____

SPOUSE BIRTHDATE_____WEDDING ANNIVERSARY DATE_____

CHILDREN: NAME: DATE OF BIRTH:

_____ _____

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