

Presbytery of the Pacific
MEMBER OF PRESBYTERY INFORMATION FORM

NAME _____ Residence Phone _____

ADDRESS _____ Email Address _____

CITY _____ State ____ Zip Code _____

SOCIAL SECURITY No. _____ Date of Birth _____

Place of Birth _____ Cell Phone _____

ORDINATION

Date _____ Presbytery _____

Place _____ Denomination _____
or

Transferring from what presbytery or other body _____

If retired, by which presbytery _____ Date _____

EDUCATION	<u>Name of School</u>	<u>Year of Graduation</u>	<u>Degree</u>
High School	_____	_____	_____
College	_____	_____	_____
Seminary	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

FAMILY

Marital Status: Married Single Name of spouse _____

<u>Children</u>	<u>Name</u>	<u>Year of Birth</u>	<u>City and State of Residence</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

continued next page

