



Commission On Ministry

Date: _____

ORDINATION PROCESS INFORMATION FORM

FULL NAME (INCLUDING MAIDEN NAME IF APPLICABLE) _____

ADDRESS: _____

MARRIED PARTNERED WIDOW(ER) NAME OF SPOUSE/PARTNER: _____

DATE OF MARRIAGE: _____ NAMES & AGES OF CHILDREN: _____

PREVIOUS MARRIAGES: _____

TELEPHONE (HOME): _____ (OFFICE): _____

TELEPHONE (CELL): _____ (E-MAIL): _____

PARISH AFFILIATION & CLERGY CONTACT _____

PRIOR DENOMINATIONAL AFFILIATION(S): _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DATE OF BAPTISM: _____ PLACE OF BAPTISM: _____

DATE OF EPISCOPAL CONFIRMATION/RECEPTION: _____ PLACE OF CONFIRMATION/RECEPTION: _____

EDUCATION BEYOND HIGH SCHOOL: _____

EMPLOYMENT HISTORY: _____

LIST ALL UNITS OF CLINICAL PASTORAL EDUCATION (completed and uncompleted) _____

HONORS AND AWARDS: _____

MINISTRIES WITHIN AND OUTSIDE THE CHURCH: _____