

Clergy Information (Master List)

This report must be completed and returned to the District Superintendent at the close of your Charge Conference, upon reappointment, or when there are any changes to the information. You must also submit the Clergy Financial Support Worksheet with this report, or upon changes to your compensation package.

Effective Date: ____/____/____

Preferred First Name _____

Preferred Full Name _____

First Name _____

Middle Name _____

Last Name _____

Suffix _____

Telephone Numbers:

Preferred (____) _____

Cell (____) _____

Office (____) _____ Office Extension _____

Home (____) _____

Fax (____) _____

E-mail _____

Do you live in a parsonage? Yes ____ No ____ Send Mail to: (one) Church ____ Parsonage ____ Home ____

Home/Parsonage Address: _____

City: _____ State: _____ Zip Code: _____

Seminary _____

Male ____ Female ____ Ethnic or Racial Origin: _____

Clergy Date of Birth: (MM/DD/YY) ____/____/____ Date of Marriage: ____/____/____

Marital Status: Single ____ Divorced ____ Widowed ____ Married ____ Spouse's Name

Spouse's Birthday: MM/DD/YY: ____/____/____ # Persons in household ____ # Children ____

Children: Names/Birthdays _____

COMPENSATION: (Please also complete the Clergy Financial Support Worksheet)

This report is provided for reference purposes only.

Please complete the report online at <http://data.ngumc.org>.