

The Presbytery Of Susquehanna Valley

MINISTER'S INFORMATION FORM

NAME _____ DATE OF BIRTH _____

ADDRESS _____ TOWN _____ ZIP _____

PHONE: HOME _____ OFFICE _____

PRESENT POSITION _____

DATE PRESENT POSITION BEGAN _____ SOC. SEC. _____

DATE RECEIVED BY PRESBYTERY OF SUSQUEHANNA VALLEY _____

YOUR EDUCATION _____

ORDAINED BY _____ DATE _____

HOBBIES & INTERESTS _____

NAME OF SPOUSE _____ DATE OF MARRAGE _____

SPOUSE'S EDUCATION AND/OR EMPLOYMENT _____

CHILDREN	AGE	COLLEGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL COMMENTS:

Please complete and return to the Presbytery Mission Center Office as soon as possible.
Thank you.