MICHIGAN CONFERENCE UNITED CHURCH OF CHRIST MINISTER INFORMATION FORM

	Date:
Full Name:	
Home Address:	City/State/Zip:
Home Phone:	Office Phone:
Cell Phone:	Email:
Place of Birth:	Date of Birth:
T.	
	FAMILY
Spouse/Partner Name:	Date of Marriage/Union:
Children's Names and birth dates:	
Ordaining Body (If UCC, name Conf & Place of Ordination:	& Assoc): Date of Ordination:
riace of Ordination.	Bate of Ordination.
CUDDENIT ALI	ITHORIZATION – EMPLOYMENT
1	
121	Licensed Member In Discernment (MID)
	III Ordained Minister Partner Standing
Leave of Absence (year first granted)	Retired
Current Church or Call:	Start Date:
Church Membership:	
Training: Boundary Training (date): _	Place:
I have not taken Boundary Training y	/et:
	Place:
I have not taken Anti-Racism Training	