

**FIVE YEAR REVIEW
(For Ordained Ministers Only)**

PERSONAL INFORMATION

Date: _____

Name: _____

Preferred Mailing Address: Personal PO Box Church Mailing Business Mailing Other _____

Preferred Address Line 1: _____

City: _____ St. / Province: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Emergency Contact: _____ Emergency Contact Phone: _____

PLEASE UPDATE YOUR FAMILY INFORMATION

Please indicate changes in current marital status by checking: Married: Single: Divorced: Widowed:

Spouse's Name: _____ Spouse's Maiden Name: _____

REFERENCES: Please list two references that we may contact concerning your current ministry progress.

Name: _____ Phone: _____

Name: _____ Phone: _____

CREDENTIAL INFORMATION

Year entered ministry: _____ Year started at this local church: _____ Year you began retirement: _____

Date you were Ordained by: _____ State/Province Licensed: _____

A. On the back of this form please indicate how your ministry has progressed in the last 5 years?

B. If you are retired please feel free to express any prayer or financial needs that you might have on the back.

CURRENT EDUCATIONAL HISTORY- (Please indicate any new degrees.)

School Name (1): _____ Degree Earned (1): _____ Date: _____
(B.A., M.Div., Th.D., etc.)

School Name (2): _____ Degree Earned (2): _____ Date: _____
(B.A., M.Div., Th.D., etc.)

B. On the back of this form please indicate any training seminars or relevant ministry conferences that you have attended since your Ordination? If you have received any certificates or awards please list those as well.

EMPLOYING CHURCH OR ORGANIZATION

If retired or disabled please check here

Church or Organization Name: _____

City, _____ State/Province, _____ Zip: _____

Position held with church: (Refer to Yearbook Codes) _____ Current position date of hire: _____

If not currently serving please indicate the church you attend: _____

Church Address: _____

City: _____ St. / Province: _____ Zip: _____

I certify that all the above information is accurate and correct.

Your Signature: _____ **Date:** _____

Please mail to your Credentials Chair, See website for current address.