



**AFRICAN UNION METHODIST PROTESTANT CHURCH
AND CONNECTION INC.**

CONFERENCE PERSONNEL RECORD

(To be completed as needed)

Name: _____ Date of Birth: _____
Home Address: _____
Telephone No.: _____ Marital Status: Married () Single () Separated () Divorced ()
Name of Spouse: _____ (If applicable) Nearest Relative _____
Conf. Position: Pastor _____ Minister _____ Evang. _____ Exhorter _____ Missionary _____

Joined Annual Conference: _____ Under Presiding Bishop _____
Name Home Church: _____
Address: _____
Pastor's Name: _____ Trial Sermon Date: _____
Membership at Home Church - How Long? _____
Ordination Dates: (Deacon's Orders) _____ (Elder's Orders) _____

Served at the following Churches:

	<u>Name of Church</u>	<u>Date</u>	<u>Position Held</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

(If additional space is needed, use back of form)

Retired: YES _____ NO _____
If Employed:
Name of Company: _____
Company Address: _____
Company Telephone No.: _____

Please attach transcripts of Christian Education.

