

REQUEST FOR DATABASE & FIVE PART INFORMATION MINISTER MEMBERS FLINT RIVER PRESBYTERY

**Please complete the following information and return, as soon as possible to:
June Denney, Flint River Presbytery, 826 Liberty Expressway, SE, Albany, GA 31705**

Name: _____
Last First Middle

Social Security #: _____ Date of Birth: _____
Month/Day/Year

Spouse's Name: _____

Ordination Date: _____ Ordaining Body: _____
Month/Year

Graduation Date: _____ Degree: _____ Institution: _____
Year

Date Last Attended: General Assembly: _____ Synod: _____
Year Year

Home Address: _____
Street City State Zip

Preferred Mailing Address: _____
(If different from above) Street City State Zip

Home Phone: () _____ Work Phone: () _____

Fax: () _____ Email: _____

Transferring from: _____
Presbytery

Calling Church/Organization: _____
Name/City

Date to begin Work: _____
Month/Day/Year