REQUEST FOR DATABASE
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: _____

Home Address: _____ _____ ___ _____
Street *City* *State* *Zip*

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

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Complete this section only if Clergy

Ordination Date: _____ Ordaining Body: _____
Month/Day/Year

Graduation Date: _____ Degree: _____ Institution: _____
Month/Day/Year

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

Transferring from: _____
Presbytery

Calling Church/Organization: _____
Name/City

Date to begin Work: _____
Month/Day/Year

List Child(ren) and their birthday and gender

NAME	DOB	GENDER