



19 East 34th Street
 New York, NY 10016
 www.cpg.org

Clergy Information Request Form

Recorder of Ordinations
(800) 223-6602 x6246

The Church Pension Fund, acting in its capacity as Recorder of Ordinations, must have complete, accurate information on file for you. This information will also be used for your entry in *The Episcopal Clerical Directory* and *The Church Annual*, as well as by The Church Pension Fund and its affiliates for account servicing and other related purposes. Please complete both sides of this form and return it to the address above.

Personal Information						
		<input type="checkbox"/> M <input type="checkbox"/> F				
Last Name, First Name, Middle Name (no initials please)			Social Security Number		Date of Birth	
Preferred Salutation		Preferred Name (Known as)		Name at Birth (If applicable)		
Place of Birth		Father's Full Name		Mother's Full Name		
Home Address – Street			City		State	Zip
Email Address			Home Phone			
Your Church Name			Church Phone			
Your Church Mailing Address			City		State	Zip
Should we contact you at: <input type="checkbox"/> Home? <input type="checkbox"/> Church?						
Would you like to receive forms in Spanish as they become available? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Family						
<i>Marital Status:</i> Are you: <input type="checkbox"/> Married? <input type="checkbox"/> Single? <input type="checkbox"/> Divorced? <input type="checkbox"/> Widowed? <input type="checkbox"/> Domestic Partnership?						
Is your spouse/partner a cleric of The Episcopal Church? <input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> M <input type="checkbox"/> F				
Spouse/Partner's Legal Name			Social Security Number		Date of Birth	
Spouse/Partner's Previous Name (If Applicable)						
City / State / Country In Which Legal Marriage Was Performed				Date of Legal Marriage		
Date of Domestic Partnership						
<i>Children:</i>						
Last Name, First Name	Gender	Date of Birth	Natural	Adopted	Step	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prior Occupation and Employer (Include Most Recent Only)						
Occupation			Title			
Organization			City		State	Country
Date Started		Date Ended				

Please complete both sides of this form

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(page 2)

Clerical Background

_____	_____	_____
Date Ordained to Diaconate	Ordaining Bishop	Diocese of Ordination
_____	_____	_____
Place of Ordination to Diaconate – Name of Church	Street	
_____	_____	_____
City	State	Zip
Were you ordained as a vocational deacon? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Preferred Salutation After Ordination to the Priesthood		
_____	_____	_____
Date Ordained to Priesthood	Ordaining Bishop	Diocese of Ordination
_____	_____	_____
Place of Ordination to Priesthood – Name of Church	Street	
_____	_____	_____
City	State	Zip
<i>If you transferred from another Anglican Province:</i> _____		
	Date of Transfer	Transferred as a: <input type="checkbox"/> Deacon? <input type="checkbox"/> Priest?
_____	_____	_____
From (Province and Diocese)	Transferring Episcopal Bishop	Transferring Bishop's Diocese
<i>If you were ordained in another denomination:</i> _____		
	Date of Reception	Received as a: <input type="checkbox"/> Deacon? <input type="checkbox"/> Priest?
_____	_____	_____
From (Name of Denomination)	Receiving Episcopal Bishop	Receiving Bishop's Diocese

Education

Seminary attended:

Seminary Name	City and State	Degree and Year
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Other colleges or universities attended (Please include undergraduate and graduate degrees):

Name	City and State	Degree and Year
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Name	City and State	Degree and Year
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Your Signature

By my signature, I certify that the information provided on this form (hereinafter, along with future corrections and additions, "my data") is complete and accurate, and that such information truthfully represents my ministry in The Episcopal Church.

I consent to the publication of my data in all editions and versions of *The Episcopal Clerical Directory* and *The Church Annual*, whether printed, CD-ROM, online (including, but not limited to, the World Wide Web), or otherwise. I further consent to the use and sharing of my data, including my email addresses, by and among The Church Pension Fund and its affiliates (collectively, CPG) and their service providers for account servicing and any other purposes that are consistent with CPG's privacy policy, which is available at www.cpg.org and which is subject to revision from time to time. Finally, I consent to the releasing of my data by CPG to entities that are established pursuant to the Constitution and Canons of the General Convention of The Episcopal Church. I hereby release CPG from any liability resulting from the publication, use, sharing, or releasing of my data.

Your Signature	Date
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Please complete both sides of this form