**JOHN CALVIN PRESBYTERY**

**MINISTER DATA**

 **2017**

FULL NAME:

CHURCH / EMPLOYER NAME:

HONORABLY RETIRED DATE:

CHURCH / EMPLOYER ADDRESS:

HOME ADDRESS:

WORK PHONE:

HOME PHONE:

EMAIL ADDRESS:

BIRTHDATE:

SPOUSE’S FULL NAME :

ANNIVERSARY DATE:

CHILDREN ( name / age / sex ):

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ORDINATION:

DATE:

PRESBYTERY:

DENOMINATION:

Please return this form by **or before February 10, 2017.**

**Email to:** melanascruggs@gmail.com

Or by mail to:

Melana Scruggs, P.O. Box 46, Crane, MO 65633

Questions call Melana at (417) 489-0024