**JOHN CALVIN PRESBYTERY**

**MINISTER DATA**

 **2020**

FULL NAME:

CHURCH / EMPLOYER NAME:

HONORABLY RETIRED DATE:

CHURCH / EMPLOYER ADDRESS:

HOME ADDRESS:

WORK PHONE:

CELL PHONE:

EMAIL ADDRESS:

BIRTHDATE:

SPOUSE’S FULL NAME :

ANNIVERSARY DATE:

RACE:

ORDINATION INFORMATION

DATE OF ORDINATION:

PRESBYTERY OF ORDINATION:

DENOMINATION OF ORDINATION, IF NOT PC(USA):

 Please return this form **by February 10, 2020,** to:

**Beth Kick**

**4479 N. Farm Rd. 175**

**Springfield, MO 65803**

or by email: **bkick@jcpresbytery.com**

Questions? Email or call Beth at (417) 425-7604.