Teaching Elder Information Form Presbytery of Detroit

DATE: _____ PERSONAL NAME: _____ FIRST LAST MIDDLE SUFFIX HOME ADDRESS: STATE ZIP CITY CELL: _____ HOME PHONE: E-MAIL: ______ BIRTH DATE: _____ SPOUSE'S NAME: ______ ANNIVERSARY: _____ NAME OF CHILDREN (living at home) **AGE** NAME OF CHILDREN (not living at home) **EDUCATION** SEMINARY _____ DEGREE ____ **OTHER INSTITUTIONS DEGREES RECEIVED:**

PROFESSIONAL		
ORDINATION DATE:	PRESBYTERY	
DATE RECEIVED BY PRESBYTERY OF DET	*ROIT:	
OUTSELE FUR! OVMENT.		
CURRENT EMPLOYMENT:		
START RATE.	POSITION:	
START DATE:	F03110N	
SERVICE TO THE CHURCH		
to PRESBYTERY (committee/years/presbytery):		
to SYNOD (committee/years/synod):	YEARS AS SYNOD COMMISSIONER _	
to GA (committee/years):	YEARS AS GA COMMISSIONER	
to GA (committee/years).	TEARS AS GA COMMISSIONER	
ENDLOWNENT LIETORY		
EMPLOYMENT HISTORY		
CHURCH/INSTITUTION	POSITION	DATES