PASTOR INFORMATION SHEET

FULL NAME: _____

PREFERRED FIRST NAME: _____

DATE OF BIRTH: _____

CURRENT HOME STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PREFERRED EMAIL ADDRESS: _____

CELL PHONE NUMBER: _____

SPOUSE NAME: _____

MARRIAGE DATE: _____

CONFERENCE RELATIONSHIP: _____
(ELDER, DEACON, ETC.)

PREVIOUS APPOINTMENT: _____

END DATE OF APPOINTMENT: _____

If outside of the Florida Annual Conference:

NAME OF CONFERENCE: _____

CHURCH NAME: _____

CHURCH PHYSICAL ADDRESS: _____

CHURCH MAILING ADDRESS: _____

PLEASE RETURN FORM VIA EMAIL TO PAM LEVESQUE - PLEVESQUE@FLORIDAGMC.ORG