

ADDENDUM
to
PERSONAL INFORMATION FORM
New River Presbytery, EPC

NAME _____ DATE _____

STREET _____

TOWN/CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

ORDINATION: Date _____ By (Presbytery, Church, Denomination) _____

If not ordained, are you under care _____ ? Licensed _____ ?

Presbytery, Church, Denomination: _____

MARITAL STATUS (check one): _____ Married _____ Divorced _____ Single (Never Married)

_____ Widowed

If Married, Spouse's Name _____

Spouse's Date of Birth _____ Place of birth _____

Children's Name(s) _____

& Ages, if Applicable:

IF YOU ARE INTERESTED IN SERVING ON A PARTICULAR TEAM OR COMMITTEE OF PRESBYTERY AND/OR GENERAL ASSEMBLY, PLEASE INDICATE WHICH ONE(S):

IF YOU HAVE A SPECIAL INTEREST, AREA OF EXPERTISE/EXPERIENCE WHICH MAY BE OF SERVICE TO PRESBYTERY/GA, PLEASE INDICATE:

THE ABOVE INFORMATION IS CONFIDENTIAL AND FOR PRESBYTERY USE ONLY