



## MINISTER BIOGRAPHICAL INFORMATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Tell us about your childhood: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Ordination: \_\_\_\_\_ Ordained by: \_\_\_\_\_ Presbytery

Date of Retirement: \_\_\_\_\_ Retired by: \_\_\_\_\_ Presbytery

**Education** (Name of Institution) (Years) (Degrees)

College/  
University \_\_\_\_\_

Seminary/  
Seminaries \_\_\_\_\_

Other Graduate Degrees/Schools: \_\_\_\_\_

Received by Cascades Presbytery from: \_\_\_\_\_ Presbytery

**Churches served:** (name, place, position) (years)

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**Employment:**

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**Secular Employment:**

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**Name of Spouse:** \_\_\_\_\_

**Family Members:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Positions held in denomination (Presbytery/Synod/General Assembly):**

**Commissioner to GA Year(s)** \_\_\_\_\_

**Commissioner to Synod Year(s)** \_\_\_\_\_

**Service within Cascades Presbytery**  
Committee(s)

Dates of Service

\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
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**Ecumenical Service:**

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**Special Honors in Church or Secular Work:**

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**Hobbies or Special Interests:**

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**Author/Writer of Published Works:**

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**Other information that might be of interest (use additional pages if needed):**

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**PLEASE RETURN TO:**  
Presbytery of the Cascades

245 S. Bancroft St. - Suite D  
Portland, OR 97239  
E-Mail to: [office@POTC.life](mailto:office@POTC.life)