

# Michigan District Deacon Information Form

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

Congregation Serving: \_\_\_\_\_

Are you a member of the above congregation?      Yes      No If no, indicate current congregational membership

\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Office Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Name of Wife: \_\_\_\_\_ Wife's Birth Date: \_\_\_\_\_

## **Education:**

College: \_\_\_\_\_

Degree & Year Graduated: \_\_\_\_\_

College: \_\_\_\_\_

Degree & Year Graduated: \_\_\_\_\_

## **Work Experience:**

Current Occupation: \_\_\_\_\_

## **Congregational Experience:**

Congregation Served: \_\_\_\_\_

Location & Dates: \_\_\_\_\_

Congregation Served: \_\_\_\_\_

Location & Dates: \_\_\_\_\_

Congregation Served: \_\_\_\_\_

Location & Dates: \_\_\_\_\_

## **Other Congregational Responsibilities Held:**

Please list responsibilities and congregation where held.