



Michigan District Deacon Information Form

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.