

**The Diocese of West Missouri
Commission on Ministry
Nominee Information Form**

*To navigate through and complete this form, please use the tab key to move from one field to the next.
The fields will expand when needed for longer answers.*

Complete this form, save to your computer with your name and send via email to Emily Davenport at bishopsassistant@diowestmo.org. In addition, please send a recent photograph, your resume, college and graduate transcripts, and evidence of baptism and confirmation via email or snail mail.

Full Name:		
Address:		
Phones: (Home)	- -	(Cell) - - (Business) - -
Email:		
Social Security Number: - - -		
Date of Birth:	Place of Birth:	
Date of Baptism:	Place of Baptism:	
Date of Confirmation:	Place of Confirmation:	
Congregation:		
Length of Time Active in this Congregation:	Years	Months
Length of time resident in Diocese of West Missouri:	Years	Months
Have You Ever Previously Applied or Been Nominated for the Ordination Process? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Present Occupation:		
Education - Please include name of institution, date of graduation, and degree earned:		
High School:		
Colleges:		
Other Educational Experiences:		
Full Name of Spouse:		
Date and Place of Present Marriage:		
Have You Ever Been Married Before?		
If "Yes," Give Details as to the Dissolution of the Marriage.		
Names and Ages of Children:		

Date

Signature _____