



NOMINEE'S PERSONAL INFORMATION FORM

This form is to be completed by the Nominee. Information on this form will be shared with others throughout the discernment process, including the psychologist, as applicable.

Full Name: _____

Date and Place of Birth: _____

Preferred Name and Pronouns: _____

Permanent Address: _____

Mailing Address (if different): _____

Email Address: _____

Telephone: (Home) _____

(Work) _____

(Cell) _____

Length of time resident in the Diocese: _____

Sponsoring Congregation's Name: _____

Address: _____

Name of Sponsoring Cleric: _____

Date and Place of Baptism:

Date and Place of Confirmation or Reception in the Episcopal Church:

Former denomination(s), if applicable: _____

Marital Status (circle one):

Never Married

Married

Full Name of Spouse or Partner: _____

Date and Place of Marriage: _____

Occupation of Spouse or Partner: _____

Divorced

Full Name of Spouse or Partner: _____

Date and Place of Marriage: _____

Date and Place of Divorce: _____

If more than once, please provide appropriate information:

Widowed

Full Name of Spouse or Partner: _____

Date and Place of Marriage: _____

Date and place of Death: _____

Other (Please explain): _____

Names and Birthdates of Children:

Education:

High School / Trade School: _____ Year of Graduation: _____

College: _____ Year of Graduation: _____

Degree: _____ Major: _____

Graduate Study: _____ Degree: _____

Year of Graduation: _____

Military or Alternate Service: _____

Current Work and History of Employment: (May attach Resume or Curriculum Vitae)

History of Volunteer, Civic, and Professional Activity:

History of Church Ministries and Activities:

Have you ever applied for ordination in process in another diocese and were turned down?

Have you ever applied for admission as a postulant in this or any other diocese? YES NO

If yes, give date, diocese and name of Bishop _____

Have you ever applied for ordination in another denomination(s)? YES NO

If yes, give date and denomination(s) _____

Have you been ordained in another denomination? YES NO

If yes, give denomination & date of Ordination: _____

Work history and positions held in that denomination: *(May attach Resume or Curriculum Vitae)*

Inquirer Signature: _____ Date: _____

REFERENCES

Please add at least three references of Lay Leaders and people outside of your family that have known you through work, school or volunteer life.

Name	Organization/Title	Phone	Email

Please attach digital photo

To Submit A Nominee Packet:

All forms should be returned to the Commission on Ministry, preferably by email at com@edomi.org or by hard copy to 4800 Woodward, Detroit MI 48201

- Each packet that is emailed should include **all required Nominee Packet documents in one email.**
- **The Subject Line of the email** should state "Nominee Packet."