



UNITED CHURCH OF CHRIST

PEOPLE UPDATE FORM

NAME _____

(LAST)

(FIRST)

(MIDDLE)

CONFERENCE _____

ASSOCIATION _____

MAILING INFORMATION

Check here if this is an address change

home ADDRESS _____

church

(use home address if available for ordained UCC clergy)

business

CITY _____

STATE _____

ZIP _____

May we publish address?

yes no

HOME PHONE# _____

CELL PHONE # _____

May we publish phone numbers? yes no

DATE OF BIRTH _____

EMAIL _____

May we publish email address? yes no

GENDER : MALE FEMALE TRANSGENDER/GENDER-VARIANT

ETHNICITY White African American Asian/Pacific Islander Hispanic Native American

Bi-Racial/ Multi-Racial

If other, specify: _____

STATUS INFORMATION

UCC Authorization for Ministry

UCC Ordained Minister

Ordained Minister Partner Standing (DOC)

UCC Commissioned Minister

Congregational Christian Minister

Dual Standing

UCC Licensed Minister

Privilege of Call

No UCC Authorization

If UCC **Ordained Minister** - ordination date _____

If UCC **licensed Minister** - initial licensing date _____

If UCC **Commissioned Minister** - commission date _____

Specialty Code (please check one)

Area/Associate/Assistant Conference Minister

Associate or Assistant Pastor

Director of Christian Education

Conference Minister

Chaplain - Health Care

Chaplain - Institutional

Chaplain - Military/VA Hospital

Campus Minister

Co-Pastor

Chaplain- Prison

Conference/Association Professional

Denominational Worker

Ecumenical Worker

Educational Worker

Health/Welfare Worker in UCC Institutions

Interim Pastor

Leave of Absence

Minister of Music

Missionary

Other Local Church Position

Other Profession

Other Religious Workers

Pastor

Deceased

Pastor Emeritus

Pastoral Counselor

Retired

Supply Minister

UCC Clergy @ a non-UCC Church

Unclassified

Youth Ministry

STANDING TRANSFERS

To be filled out if person has **transferred to** your Conference.

Transfer From:

Conference _____

Association _____

Transfer To:

Conference _____

Association _____

Date of Transfer _____

Please check here if this is a Member in Discernment

Date began _____

Oversight body:

Educational Setting: _____

Status Changes: UCC Authorized Ministers who have left or been removed

Action Taken

Give reason for action taken:

Date action taken for status change: _____

If transferred to another denomination, please give name: _____

CHURCH INFORMATION

Position and name of church(es) minister is called to

Church Name _____ Church # _____

City & State _____ Position _____ Date _____

Church Name _____ Church # _____

City & State _____ Position _____ Date _____

Name of church(es) minister is leaving

Church Name _____ Church # _____

Date Leaving _____

Church Name _____ Church # _____

Date Leaving _____

Specialized Ministry Setting (Name, City, State)

Date _____

Please check here if this person has a four-way covenant. (A four-way covenant exists between the individual, the authorizing conference or association, local church and the employer.)

Local Church Membership (Church Name, City, State) _____

Additional comments or notes:

DEATH

(To be filled out only if person is deceased)

Name: _____

Person to Contact: _____

Relationship to deceased: _____

Address of Contact: _____

Date of Death: _____

Phone #: _____

Copy link to online obituary, if available _____

Form Completed by: _____

Date: _____