



CHURCH

The Church Pension Fund

Recorder of Ordinations
445 Fifth Avenue
New York, NY 10016
866-802-6333 x743

Clergy Information Request Form

The Church Pension Fund, acting in its capacity as Recorder of Ordinations, must have complete, accurate information on file for all Fund participants. Please complete this form and the New Assignment Notice (include your name, but do not include any other information you have already provided on this form) and return them to the address above.

Personal Information			
Last Name, First Name, Middle (no initials please) _____		<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____
Your Home Address – Street _____		City _____	State _____ Zip _____
Your Church Name _____		Home Phone _____	Church Phone _____
Your Church Address – Street _____		City _____	State _____ Zip _____
Should we contact you at <input type="checkbox"/> home <input type="checkbox"/> Church?			<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd
Spouse's Full Name (Before Marriage) _____	Social Security Number _____	Date of Birth _____	Marriage Date _____
Children's Names _____		Gender _____	Date of Birth _____
_____		_____	_____
_____		_____	_____

Your Clerical Background			
Date Ordained to Diaconate _____	Ordaining Bishop _____	Bishop's Diocese _____	
Place of Ordination – Name of Church _____		Street _____	
City _____		State _____	Zip _____
Were you ordained as: a non-stipendiary vocational-permanent Deacon under Title III, Canon 6? <input type="checkbox"/> Y <input type="checkbox"/> N a local Deacon under the special provisions of Title III, Canon 9? <input type="checkbox"/> Y <input type="checkbox"/> N			
Date Ordained to Priesthood _____	Ordaining Bishop _____	Bishop's Diocese _____	
Place of Ordination – Name of Church _____		Street _____	
City _____		State _____	Zip _____
Were you ordained as a local Priest under the special provisions of the Title III, Canon 9? <input type="checkbox"/> Y <input type="checkbox"/> N			
If you transferred from another Anglican Church: _____		Date of Transfer _____	As a <input type="checkbox"/> Deacon <input type="checkbox"/> Priest
From (Province or Diocese) _____		Transferring Bishop _____	
Date Ordained _____	Ordaining Bishop _____	Bishop's Diocese _____	
If Ordained in Another Denomination: _____		Date Ordained _____	Name of Denomination _____
Date Received as Deacon _____	Receiving Bishop _____	Bishop's Diocese _____	
Date Received as Priest _____	Receiving Bishop _____	Bishop's Diocese _____	

Information for the Clerical Directory		
Your Place of Birth _____	Father's Full Name _____	Mother's Full Name (Before Marriage) _____
College, University, Seminary _____	City and State _____	Degree and Year _____
_____	_____	_____
_____	_____	_____
Other Current or Former Positions (use other side if needed)		
Title _____	Organization _____	City, State, Country _____
		Dates (From/To) _____

Your Signature	
_____	_____
Your Signature	Date