



The Episcopal Diocese of Central Florida
 1017 East Robinson Street
 Orlando, Florida 32801-2023

Date _____

PERSONAL INFORMATION SHEET

YOUR NAME _____ (name by which you are familiarly known)

HOME ADDRESS (including zip code) _____

MAILING ADDRESS (if different from above) _____

POSITION _____ CHURCH/INSTITUTION _____

EMAIL ADDRESS _____ HOME PHONE _____

YOUR DATE OF BIRTH _____

ORDINATION DATES _____
 (month/day/year) (Deacon) (Priest)

DATE MINISTRY BEGAN AT CURRENT PARISH _____

OR OTHER (retired, etc.) _____

SPOUSE'S NAME _____ (name by which familiarly known)

SPOUSE'S DATE OF BIRTH _____ WEDDING DATE _____

List below the names, relationship, and birth dates of members of your immediate family: (Please give month, day and year)

Please note any Diocesan Commissions/Committees on which you would like to serve.

