

Recorder of Ordinations  
 445 Fifth Avenue  
 New York, NY 10016  
 800-223-6602 x8317

The Church Pension Fund, acting in its capacity as Recorder of Ordinations, must have complete, accurate information on file for you. This information will also be used for your entry in the Episcopal Clerical Directory as well as by the Church Pension Fund and its affiliates for account servicing and other CPG-related purposes. Please complete both sides of this form and return it to the address above.

Personal Information			
_____ Last Name, First Name, Middle Name (no initials please)	<input type="checkbox"/> M <input type="checkbox"/> F	_____ Social Security Number	_____ Date of Birth
_____ Name at Birth (If Different)			
_____ Place of Birth	_____ Father's Full Name	_____ Mother's Full Name	
_____ Home Address – Street	_____ City	_____ State	_____ Zip
_____ E-Mail Address	_____ Home Phone		
_____ Your Church Name	_____ Church Phone		
_____ Your Church Mailing Address	_____ City	_____ State	_____ Zip
Should we contact you at: <input type="checkbox"/> Home? <input type="checkbox"/> Church?			
Would you like to receive forms in Spanish as they become available? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Family			
<i>Marital Status:</i> Are you: <input type="checkbox"/> Married? <input type="checkbox"/> Single? <input type="checkbox"/> Divorced? <input type="checkbox"/> Widowed? Is this marriage your: <input type="checkbox"/> First? <input type="checkbox"/> Second? <input type="checkbox"/> Third? Is your spouse a cleric of the Episcopal Church? <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____ Spouse's Legal Name (Last Name, First Name)	_____ Social Security Number	_____ Date of Birth	_____ Marriage Date
_____ Spouse's Name Before Marriage (If Applicable)			
<i>Children:</i>			
_____ Last Name, First Name	_____ Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
_____ _____	_____ _____	<input type="checkbox"/> M <input type="checkbox"/> F	
_____ _____	_____ _____	<input type="checkbox"/> M <input type="checkbox"/> F	
_____ _____	_____ _____	<input type="checkbox"/> M <input type="checkbox"/> F	
Prior Occupation and Employer (Include Most Recent Only)			
_____ Occupation	_____ Title		
_____ Organization	_____ City	_____ State	_____ Country
_____ Date Started	_____ Date Ended		

Clerical Background		
Date Ordained to Diaconate _____	Ordaining Bishop _____	Diocese of Ordination _____
Place of Ordination to Diaconate – Name of Church _____	Street _____	
City _____	State _____	Zip _____
Were you ordained as a vocational deacon? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Ordained to Priesthood _____	Ordaining Bishop _____	Diocese of Ordination _____
Place of Ordination to Priesthood – Name of Church _____	Street _____	
City _____	State _____	Zip _____
If you transferred from another Anglican Province: _____		
Date of Transfer _____	Transferred as a: <input type="checkbox"/> Deacon? <input type="checkbox"/> Priest?	
From (Province and Diocese) _____	Transferring Episcopal Bishop _____	Transferring Bishop's Diocese _____
If you were Ordained in another Denomination: _____		
Date of Reception _____	Received as a: <input type="checkbox"/> Deacon? <input type="checkbox"/> Priest?	
From (Name of Denomination) _____	Receiving Episcopal Bishop _____	Receiving Bishop's Diocese _____
Education		
<i>Seminary Attended:</i>		
Seminary Name _____	City and State _____	Degree and Year _____
<i>Other Colleges or Universities Attended (Please include undergraduate and graduate degrees):</i>		
Name _____	City and State _____	Degree and Year _____
Name _____	City and State _____	Degree and Year _____
Privacy Policy		
The Church Pension Group values your privacy. For more information about CPG's privacy policy, please see <a href="http://www.cpg.org/privacy">http://www.cpg.org/privacy</a> .		
Your Signature		
By my signature, I certify that the information provided on this form (hereinafter, along with future corrections and additions, "my data") is complete and accurate, and that such information truthfully represents my ministry in The Episcopal Church.		
I consent to the publication of my data in all editions and versions of the <i>Episcopal Clerical Directory</i> , whether printed, CD-ROM, online (including, but not limited to, the World Wide Web), or otherwise. I further consent to the use and sharing of my data, including my email addresses, by and among The Church Pension Fund and its affiliates (collectively, "CPG") and their service providers for account servicing and other CPG-related purposes, including marketing and event announcements. Finally, I consent to the releasing of my data by CPG to entities that are established pursuant to the Constitution and Canons of the General Convention of The Episcopal Church. I hereby release CPG from any liability resulting from the publication, use, sharing, or releasing of my data.		
Your Signature _____	Date _____	

Clerical Background		
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Place of Ordination to Diaconate – Name of Church	Street	
City	State	Zip
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<i>Seminary Attended:</i>		
Seminary Name	City and State	Degree and Year
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Your Signature	Date	

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