

Recorder of Ordinations
 445 Fifth Avenue
 New York, NY 10016
 800-223-6602 x6246

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			
<div style="text-align: right; margin-bottom: 5px;"> <input type="checkbox"/> M <input type="checkbox"/> F </div> Last Name, First Name, Middle Name (no initials please)		Social Security Number *	Date of Birth
Preferred Salutation	Preferred Name (Known as)	Name at Birth (If applicable)	
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		

* Your social security number is required for certain reporting and other purposes. This number will not be published in the Episcopal Clerical Directory.

Please complete both sides of this form.

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		
Preferred Salutation After Ordination to the Priesthood (If applicable) _____		
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 _____
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 _____	

Please complete both sides of this form