

RETIRED-INACTIVE CLERGY REPORT FORM Christian Church (Disciples of Christ) of Mid-America

	mpreteur		
Title:	□ Rev.	□ Rev. Dr.	
Full Nan	ne:		
Date of I	Birth:		
Gender:			
	te Regional N		ard, Associate Regional Minister
Previous Employmer	nt (Congrega	ation/Institution/Organiz	· · · · · · · · · · · · · · · · · · ·
Previous Employmen Fitle/Position Held	nt (Congrega	ation/Institution/Organiz	
Previous Employmer Fitle/Position Held Name of Ministerial S	nt (Congregative)	ation/Institution/Organiz	
Previous Employmer Title/Position Held Name of Ministerial S Address	nt (Congrega	ation/Institution/Organiz	
Previous Employmen Title/Position Held Name of Ministerial S Address Phone Current Congregation Name of Congregation	nt (Congregative	ation/Institution/Organiz Start Date Embership is Held (if app	End Datelicable)

Are you, or have you previously been, Commissioned	?			
□ Yes □ No				
If yes:				
Original Date Commissioned:				
Most Recent Commissioned Term: Begin date	End date			
Region where Commissioned (and please specify if by another Denomination):				
Are you Ordained?				
☐ Yes ☐ No				
If yes:				
Date Ordained:				
Region where Ordained (and please specify if by another	Denomination):			
Additional Information/Com	ments: (if applicable)			
By signing my name below, I acknowledge that to true and accurate to the bes	he information contained in this form is t of my knowledge.			
Signature	Date			

Please send your completed form to the Ministry Associate in the CCMA Springfield Regional Office via mail to 500 South Avenue, Springfield, MO 65806 or via email to sgf@ccmadisciples.org.

Thank you so much!