



The Diocese of Western Kansas Clergy Information Form

Date: _____

Full Name: _____

Spouse's Name: _____

Children Name(s) and birthdates _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Deacon: _____ Priest: _____ Active: _____ Retired: _____ Rector: _____ Vicar: _____

Date of Ordination: Deacon _____ Priest _____

Diocese of Canonical Residence: _____

Date of Birth: _____ Spouse's Date of Birth: _____ Anniversary: _____

Social Security Number _____

Current Church Assignment (including address and phone): _____

Do you have secular employment? _____ Full time or Part time? _____

Secular employer and job description: _____

If you do not live within the Diocese of Western Kansas, tell me a little about what is going on in your life these days.