

Recorder of Ordinations  
19 East 34th Street  
New York, NY 10016  
(800) 223-6602 x6246

The Church Pension Group, 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 Group 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		
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						
Marital Status: Are you: <input type="checkbox"/> Married? <input type="checkbox"/> Single? <input type="checkbox"/> Divorced? <input type="checkbox"/> Widowed? <input type="checkbox"/> Domestic Partnership?						
If legally married, is this marriage your: <input type="checkbox"/> First? <input type="checkbox"/> Second? <input type="checkbox"/> Third?						
Is your spouse/partner a cleric of the Episcopal Church? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Spouse/Partner's Legal Name		<input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number	Date of Birth		
Spouse/Partner's Previous Name (If Applicable)						
City / State / Country In Which Legal Marriage Was Performed				Date of Legal Marriage		
Date of Domestic Partnership						
Children:						
Last Name, First Name	Gender	Date of Birth	Natural	Adopted	Other	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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		
Preferred Salutation After Ordination to the Priesthood _____		
Date Ordained to Priesthood _____	Ordaining Bishop _____	Diocese of Ordination _____
Place of Ordination to Priesthood – Name of Church _____		Street _____
City _____	State _____	Zip _____
<i>If you transferred from another Anglican Province:</i> _____		
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 _____
<i>If you were Ordained in another Denomination:</i> _____		
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