



# UNITED CHURCH OF CHRIST

## PEOPLE UPDATE FORM

**NAME** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

**CONFERENCE** \_\_\_\_\_ **ASSOCIATION** \_\_\_\_\_

### MAILING INFORMATION

Check here if this is an address change

home **ADDRESS** \_\_\_\_\_  
 church (use home address if available for ordained UCC clergy)  
 business

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_ **CELL PHONE #** \_\_\_\_\_  
(Home number for UCC Clergy)

May we publish this home phone#?  yes  no **EMAIL** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**GENDER :**  MALE  FEMALE  TRANSGENDER/GENDER-VARIANT

**ETHNICITY** \_\_\_\_\_ If other, please specify: \_\_\_\_\_

### STATUS INFORMATION

#### UCC Authorization for Ministry

If UCC **Ordained Minister** - ordination date \_\_\_\_\_

If UCC **licensed Minister** - initial licensing date \_\_\_\_\_

If UCC **Commissioned Minister** - commission date \_\_\_\_\_

**Specialty Code (please choose one)**  
\_\_\_\_\_

#### STANDING TRANSFERS

To be filled out if person has **transferred to** your Conference.

##### Transfer From:

Conference \_\_\_\_\_  
Association \_\_\_\_\_

##### Transfer To:

Conference \_\_\_\_\_  
Association \_\_\_\_\_  
Date of Transfer \_\_\_\_\_

Please check here if this is a Member in Discernment  
Date began \_\_\_\_\_ Oversight body: \_\_\_\_\_  
Educational Setting: \_\_\_\_\_

#### Status Changes: UCC Authorized Ministers who have left or been removed

Action Taken \_\_\_\_\_

Give reason for action taken:

\_\_\_\_\_

Date action taken for status change: \_\_\_\_\_

If transferred to another denomination, please give name: \_\_\_\_\_

(If you do not need to use the next page please sign and date here)

Form Completed by: \_\_\_\_\_ Date \_\_\_\_\_

**CHURCH INFORMATION**

Position and name of church(es) minister is ***called to***

Church Name \_\_\_\_\_ Church # \_\_\_\_\_  
City & State \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Church Name \_\_\_\_\_ Church # \_\_\_\_\_  
City & State \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Name of church(es) minister is ***leaving***

Church Name \_\_\_\_\_ Church # \_\_\_\_\_  
Date Leaving \_\_\_\_\_

Church Name \_\_\_\_\_ Church # \_\_\_\_\_  
Date Leaving \_\_\_\_\_

**Specialized Ministry Setting (Name, City, State)**

\_\_\_\_\_ Date

Please check here if this person has a four-way covenant. (A four-way covenant exists between the individual, the authorizing conference or association, local church and the employer.)

Local Church Membership (Church Name, City, State)

**Additional comments or notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEATH**

(To be filled out only if person is deceased)

Name: \_\_\_\_\_

Person to Contact: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

Address of Contact: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Phone #: \_\_\_\_\_

Copy link to online obituary, if available

Form Completed by: \_\_\_\_\_

Date: \_\_\_\_\_