

# PRESBYTERY OF NEW YORK CITY

475 RIVERSIDE DRIVE, SUITE 1600  
NEW YORK, NY 10115

TEL: (212) 870-2221

FAX: (212) 870-2737



## CONTACT INFORMATION for Minister of Word and Sacrament

**Name** (first/middle/last) \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ ☐ listed ☐ unlisted ☐ preferred

**Mobile Phone** \_\_\_\_\_ ☐ listed ☐ unlisted ☐ preferred

**Email** \_\_\_\_\_

**Gender** \_\_\_\_\_ **SSN** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Spouse or Partner Name** (optional) \_\_\_\_\_

**Ordained by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Previous Presbytery of Membership** \_\_\_\_\_

**Ethnicity** ☐ Asian ☐ African American ☐ Hispanic ☐ Native American ☐ Other  
☐ African ☐ Black ☐ Middle Eastern ☐ White

**Employing Organization** \_\_\_\_\_

**Work Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ ☐ listed ☐ unlisted ☐ preferred

**Date Work Begins** \_\_\_\_\_ **Installation Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_