

Changing an Inquirer's or Candidate's Relationship of Care with the Presbytery

On _____, _____ took the action indicated below
(date) *(presbytery name)*
regarding _____ born on _____.
(first, middle/natal, family name of inquirer or candidate) *(date of birth)*

Action: _____

Signature of stated clerk: _____ Date: _____

Please provide or update the following personal information regarding the inquirer or candidate:

Race/ethnicity: _____ Gender: _____

Most recent occupation: _____

Current address: _____

Permanent address: _____
(if same, write 'same')

Main phone: _____ *(h/o/m)* Alternate phone: _____ *(h/o/m)*

Email: _____

Has the person previously applied to a presbytery to be enrolled as an inquirer or candidate? _____

If yes, name of presbytery: _____

Was the person enrolled under care? _____

If yes, dates of care: _____ Status at conclusion of relationship: _____

Church of membership: _____

Church address: _____

Date received as a member: _____ Congregational size: _____

Seminary: _____

Location: _____ Expected graduation date: _____

*Stated Clerk will copy and mail to Office of the General Assembly
100 Witherspoon Street, Room 4429, Louisville, Kentucky 40202-1396.
Please keep the original on file in your presbytery.*