

**The American Baptist Churches of Massachusetts  
Pastor Information Form**

DATE \_\_\_\_\_

NAME (please include Title, First, Middle Initial and Last Name)

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**HOME ADDRESS**

Street

addl address line if needed

City

State

Zip

Home Phone

Cell Phone

Home Email

Work Email

Present Ministry Position

Date  
Started

Church/Organization Name

City

State

Zip

Date and place of birth

Date and place of Ordination

Date and place of Standing

**EDUCATION**

College

Addl Education

Seminary

Please return this form to: **TABCOM, COOM, 189 Prescott Street, Groton, MA 01450**  
or via email at [minprep@tabcom.org](mailto:minprep@tabcom.org)