

# The American Baptist Churches of Massachusetts Pastor Information Form

**NAME**

(Please Include Title, First, Middle Initial and Last Name)

**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** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Date and place of birth** \_\_\_\_\_

**Date and place of Ordination** \_\_\_\_\_

**EDUCATION**

**College** \_\_\_\_\_

**Addl Education** \_\_\_\_\_

**Seminary** \_\_\_\_\_

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