

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