Potomac Conference
CORPORATION OF SEVENTH-DAY ADVENTISTS®

SERVICE RECORD INFORMATION

First Name _____ Middle_____ Last _____

Previous/Maiden Name _____ Home Phone (_____) _____

Address _____
(Street Address) (City) (State) (Zip)

Social Security #_____ Citizenship _____

Birthplace _____ Date of Birth _____ Date of Marriage _____

Military Service Country _____ Begin Date _____ End Date _____

Spouse's First Name _____ Middle_____ Last _____

Previous/Maiden Name _____ Social Security # _____ Date of Birth _____

Please check one in each group as applies to you:

☐ Male	☐ Single	☐ Retired
☐ Female	☐ Married	☐ Not Retired
	☐ Divorced	
	☐ Widowed	

If you came to the NAD from an overseas division was it by: Interdivision Status Independent Transfer

Educational Record:

Level of Educ.	Degree/Diploma Held	Institution Granting Degree	Date Received
Secondary	_____	_____	_____
College	_____	_____	_____
Master's	_____	_____	_____
Doctoral	_____	_____	_____
Other	_____	_____	_____

If you have previous denominational employment, please provide the following information:

My last place of employment with the Seventh-day Adventist Church was_____
(Conference/Church/School/Hospital)

where I served as _____ from _____ to _____
(Position) (Date) (Date)