

Missouri Baptist Biographical Data

Please return to Partee Center, William Jewell College, Liberty, Missouri 64068

(Attach additional sheets if necessary.)

Full Name: _____

Birth: _____
(County) (City, State) (Date)

Death: _____
(County) (City, State) (Date)

Parents:

Father's full name: _____

Date and place of birth: _____

Date and place of death: _____

Occupation: _____

Mother's full name: _____

Date and place of birth: _____

Date and place of death: _____

Occupation: _____

Brothers:	Date of birth	Date of death	Sisters:	Date of birth	Date of death

Education: (Start with High School)

Name of School	Location	Year Graduated	Degree

Special Awards of Recognition: (honorary degrees, citations, honorary positions, awards)

Club and Group memberships: _____

Authorship: (books, booklets, pamphlets, lesson courses, etc.) _____

Religious Experience:

Conversion Date: _____ **Age:** _____ **Church:** _____

Baptism Date/Church/Location: _____

