

# Directory Information Form

NAME \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_

CHILDREN'S NAMES \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_

(living at home)

\_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_

WORK PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_

IS THIS A NEW ADDRESS? Yes \_\_\_\_ No \_\_\_\_

IS THIS A NEW PHONE NUMBER? Yes \_\_\_\_ No \_\_\_\_

IS THIS A NEW EMAIL ADDRESS? Yes \_\_\_\_ No \_\_\_\_

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DO YOU HAVE A BUSINESS/SERVICE/TRADE YOU WOULD LIKE LISTED IN THE DIRECTORY? (Must be in attendance for 1 year and be a member.)

Name of Business/Service/Trade \_\_\_\_\_

City/Location \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Cell ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

Certified? Yes \_\_\_\_ No \_\_\_\_ Licensed? Yes \_\_\_\_ No \_\_\_\_

Comment: \_\_\_\_\_

*Please complete and return this form to the church office. Thank you.*

Today's Date \_\_\_\_\_