



# St. Christopher's Church

A Member of the Episcopal Diocese of Pennsylvania

226 Righters Mill Road / Gladwyne, PA 19035  
610.642.8920 / Fax 610.642.1241 / Staff@SaintChristophers.org

## INFORMATION SHEET

Please complete the following form so that your Clergy and Staff will have the information needed to minister to your needs here at St. Christopher's Church. Please provide as much information as possible: names of all members of your household, birth dates, anniversaries, baptisms, etc. Please call the Church office at (610) 642-8920 if you have any questions.

RETURN BY MAIL OR DROP INTO THE SUNDAY OFFERING PLATE

TODAY'S DATE: \_\_\_\_\_

MR., MRS., MS., MISS., DR., MR. & MRS. (PLEASE CIRCLE ONE)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL HOME: \_\_\_\_\_

SPOUSE/PARTNER NAME: \_\_\_\_\_ ANNIVERSARY DATE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SPOUSE/PARTNER OCCUPATION: \_\_\_\_\_

ALTERNATE ADDRESS? YES \_\_\_\_\_ NO \_\_\_\_\_ WHAT MONTHS? \_\_\_\_\_

ALTERNATE ADDRESS: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION FOR ALL MEMBERS OF YOUR HOUSEHOLD, INCLUDING YOURSELF AND THOSE LISTED ABOVE.**

(If necessary, please add additional names and information on the back of the form.)

NAME	BIRTH DATE	BAPTISM DATE	CONFIRMATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION →**

TO BE USED ON YOUR BEHALF ONLY IN THE CASE OF AN EMERGENCY:

EMERGENCY CONTACT: NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NEXT OF KIN: NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NOTES: \_\_\_\_\_

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