Directory Information Form

Name:_____
Last *First* *Spouse*

Children:_____

_____

_____

_____

_____

_____

Address:_____

_____
City *State* *Zip code*

Primary Phone Number:_____

Email:_____

Spouse Phone Number:_____

Spouse Email:_____

Please specify if phone number is a Cell Phone Number.

Please fill out and return to the church office or email at gcholycross@cltsomm.net along with your family photo you wish to submit for the church photo directory.