

**20__ QUICK REFERENCE FORM
CLERGY & CHARGE**

CLERGY INFORMATION

PASTOR'S NAME: _____ BIRTHDAY: _____

PREFERRED MAILING ADDRESS: _____

PHONE (HOME): _____ (OFFICE): _____

(CELL): _____ (FAX): _____

E-MAIL: _____

PERSONAL/FAMILY INFORMATION

If married, Spouse's Name: _____

Spouse's Birthday: _____ Anniversary: _____

Is spouse employed outside the home? YES NO Where? _____

Children living at home:

Name: _____ Birthday: _____ Grade: _____

_____ Birthday: _____ Grade: _____

_____ Birthday: _____ Grade: _____

_____ Birthday: _____ Grade: _____

_____ Birthday: _____ Grade: _____

_____ Birthday: _____ Grade: _____

CHARGE INFORMATION

CHURCH/CHARGE: _____

MAILING ADDRESS: _____ PA _____

PHYSICAL STREET ADDRESS (if different)

_____ PA _____

TURN OVER TO COMPLETE CHURCH/CHARGE INFORMATION

CHURCH E-MAIL: _____

WEB ADDRESS(ES):

CHURCH ADMIN ASST/SECRETARY NAME: _____

CHARGE S/PPRC CHAIR: _____ PHONE: _____

EMAIL _____

WORSHIP/SUNDAY SCHOOL TIMES

CHURCH (NOTE CHANGES FOR SUMMER)

WORSHIP TIMES

S. S. TIMES

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN AN EMERGENCY, WHO CAN BE CALLED AT THE CHARGE?

NAME _____ PHONE: _____

EMAIL _____