

2010-11 Church Directory Information Form

Please help us to provide you with a complete and accurate listing of our church family!

- The updates you list on this form for your family will be used for the upcoming pictorial church directory.
- If you did not have your picture made for the pictorial directory, you will not receive a copy.
- If you did not get your picture made and would still like to do so, a makeup day will be scheduled soon.
- Please let us know if you need to be scheduled for a portrait appointment on the makeup day by checking here:

Yes! I need an appointment on the makeup day to have my/my family's portrait taken for the church pictorial directory.

- Use this form to make any changes or corrections in your family's current directory information.
- If your information is correct as it appears in the current directory, please write your name along with the words "NO CHANGE" on the form.
- Return this form as soon as possible to the church office or drop it in the offering plate.
- You may also e-mail your information to info@bethpagechurch.org.
- One household per form!
- PLEASE PRINT!!

FAMILY LAST NAME:	HOME PHONE NUMBER:
Street / House or Apt #:	
City:	State and Zip:

FIRST ADULT in household (husband if married)

SECOND ADULT in household

Last name:	Last name:
First name:	First name:
Birthday: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>(MONTH) (DATE) (YEAR)</small>	Birthday: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>(MONTH) (DATE) (YEAR)</small>
E-mail address:	E-mail address:
Cell phone number:	Cell phone number:
Place of employment:	Place of employment:
Work phone number:	Work phone number:
Work E-mail address:	Work E-mail address:

Please be sure to fill out the back also! ➔

Please list children in order of oldest to youngest.

FIRST CHILD

SECOND CHILD

Last name:	Last name:
First name:	First name:
Birth day: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (MONTH) (DATE) (YEAR)	Birth day: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (MONTH) (DATE) (YEAR)
Place of employment or school attending:	Place of employment or school attending:
E-mail address:	E-mail address:
Cell phone number:	Cell phone number:

THIRD CHILD

FOURTH CHILD

Last name:	Last name:
First name:	First name:
Birth day: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (MONTH) (DATE) (YEAR)	Birth day: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (MONTH) (DATE) (YEAR)
Place of employment or school attending:	Place of employment or school attending:
E-mail address:	E-mail address:
Cell phone number:	Cell phone number:

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