

2021 PARISH CONTACT FORM

(Please print clearly!)

*If your parish doesn't have a dedicated person for any of these areas,
please list the best person to contact.*

PARISH: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** NC **ZIP:** _____

TELEPHONE: _____ **FAX:** _____

PARISH EMAIL: _____

PARISH WEBSITE: _____

SENIOR WARDEN: _____

PREFERRED MAILING ADDRESS: _____

CITY: _____ **STATE:** NC **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL: _____

JUNIOR WARDEN: _____

PREFERRED MAILING ADDRESS: _____

CITY: _____ **STATE:** NC **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL: _____

ADMINISTRATIVE CONTACT: _____

FULL TIME: _____ **PART TIME:** _____ **VOLUNTEER:** _____

PREFERRED MAILING ADDRESS: _____

CITY: _____ **STATE:** NC **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL: _____

CONTINUED ON THE BACK...

TREASURER: _____

PREFERRED MAILING ADDRESS: _____

CITY: _____ STATE: NC ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

CLERK OF THE VESTRY: _____

PREFERRED MAILING ADDRESS: _____

CITY: _____ STATE: NC ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

LAY DEANERY REPRESENTATIVE: _____

PREFERRED MAILING ADDRESS: _____

CITY: _____ STATE: NC ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

LAY DEANERY REPRESENTATIVE: _____

PREFERRED MAILING ADDRESS: _____

CITY: _____ STATE: NC ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

ORGANIST/MUSIC LEADERSHIP: _____

PREFERRED MAILING ADDRESS: _____

CITY: _____ STATE: NC ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

CONTINUED ON THE BACK...

GLOBAL GOALS CONTACT: _____

PREFERRED MAILING ADDRESS: _____

CITY: _____ STATE: NC ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

CHILDREN FORMATION LEADER: _____

PREFERRED MAILING ADDRESS: _____

CITY: _____ STATE: NC ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

YOUTH FORMATION LEADER: _____

PREFERRED MAILING ADDRESS: _____

CITY: _____ STATE: NC ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

ADULT FORMATION LEADER: _____

PREFERRED MAILING ADDRESS: _____

CITY: _____ STATE: NC ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____