

St. James Episcopal Church Directory Information Form

Office Use	
Photo Received	_____
All Info Complete	_____
Added to Directory File	_____
Confirmation Email Sent	_____

Instructions: Please complete this form for Directory and Church Office Information. Indicate if there is any information you DO NOT wish to have published. Sign at the bottom to give consent for information to be included in directory.

*Birthdates will not be included in the online directory.

**Please indicate with Y (yes) if okay to publish or with N (no) if not.

Adult(s):

Date of Birth *		
Month	Day	Year

Cell Phone:	**Publish (Y/N)

Email:	**Publish (Y/N)

Children (If child is living with you but is an adult, please list in "Adult"; if college age, list in "Children"):

Month	Day	Year

Cell Phone:	**Publish (Y/N)

Email:	**Publish (Y/N)

Street Address: _____

Home Phone: _____

City, State, Zip: _____

Primary Phone (if no land line): _____

Permission to Publish:

The Data Protection Act 1998

The information supplied on this form will be retained by St. James Episcopal Church on a database and will be used to compile a directory list to be distributed electronically and hard copy format. By typing your name or signing form below you are giving consent for the information above, including pictures, to be used, unless otherwise indicated, for these purposes.

Signature: _____