

2010-2011 PASTORS INFORMATION SHEET FOR THE D.S.
PLEASE FILL OUT AND RETURN TO D.S. OFFICE ASAP.
PLEASE PRINT

Pastor: _____ CHARGE: _____

CHURCH MAILING ADDRESS: _____

CHURCH PHYSICAL ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

PARSONAGE/HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

required – IF MAILING ADDRESS IS DIFFERENT FROM ACTUAL STREET ADDRESS BOTH ARE REQUIRED:

Do you prefer your mail to go to Church _____ or Home Address _____

PARSONAGE CITY: _____ STATE: _____ ZIP: _____

CHURCH PHONE NUMBER: _____ HOME PHONE: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

CHURCH WEB ADDRESS: _____

SPOUSE NAME: _____ WEDDING DATE: _____

BIRTHDATE PASTOR: _____ SPOUSE: _____

List Children's Names and Ages (*Only those who are living at home*)

Name Birthdate

_____	_____
_____	_____
_____	_____

SCHEDULE OF WORSHIP SERVICES

SUNDAY _____, _____, _____ AM _____ PM

(if different in summer please note): _____

MID WEEK SERVICE _____ WHAT NIGHT: _____ TIME: _____

FELLOWSHIP SUPPER AT MID WEEK SERVICE: _____ TIME: _____

PREACHING SCHEDULE FOR PASTORS ON CIRCUITS

First Sunday: _____ Fourth Sunday: _____

Second Sunday: _____ Fifth Sunday: _____

Third Sunday: _____