**Annual Congregational Information Form**

The Presbytery of Wabash Valley only uses congregational contact information for the presbytery directory and communications.

Please complete the form and return to:

Presbytery of Wabash Valley ⋅ PO Box 225 ⋅ Rochester, IN 46975

**CHURCH NAME**

Church Location Address Church Mailing Address Church Phone Number: Fax Number: Church Office Hours: Session Meeting Date & Time: / / Website Address: Email Address: Email Address: (a member to receive notices, if church does not have its own account) Worship Time(s): Date Church was established:

 Please provide contact information for the following positions in your congregation:

|  |  |  |
| --- | --- | --- |
| Pastors and/or Moderator | Ruling Elders on Session | Church Secretary |
| Clerk of Session | Elder Commissioners to Presbytery | Church Treasurer |
| Christian Educator | Deacons | Church Bookkeeper |
|  | Office Manager | Financial Secretary |

Name: *Spouse:* Home Address: Mailing Address: Preferred Phone: Office Phone: Cell Phone: Email Address:

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: *Spouse:* Home Address: Mailing Address: Preferred Phone: Office Phone: Cell Phone: Email Address:

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name: *Spouse:* Home Address: Mailing Address: Preferred Phone: Office Phone: Cell Phone: Email Address:

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: *Spouse:* Home Address: Mailing Address: Preferred Phone: Office Phone: Cell Phone: Email Address:

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: *Spouse:* Home Address: Mailing Address: Preferred Phone: Office Phone: Cell Phone: Email Address:

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_