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Description automatically generated

Dioceses of Ohio, Michigan and Indiana (OMI)

**TELEPHONE DIRECTORY FORM**

Please complete this form to add your personal information to the dioceses’ directory

(Include only the information you wish to share with your congregation.)

|  |  |
| --- | --- |
| Home church Name: | |
| City | State: |

|  |
| --- |
| First Name: Last Name: |
| Date of birth: Day \_ \_. Month. \_ \_ Year. (optional) \_ \_ \_ \_ |
| Home Phone #: Cell phone #: |
| Email Address: Facebook Page:  Instagram Page |

|  |
| --- |
| Spouse Name: Last Name: |
| Date of birth: Day \_ \_. Month. \_ \_ Year. (optional) \_ \_ \_ \_ |
| Home Phone #: Cell phone #: |
| Email Address: Facebook Page:  Instagram Page: |

children Names:

|  |
| --- |
| Date of birth: Day \_ \_. Month. \_ \_ Year \_ \_ \_ \_ |
| Date of birth: Day \_ \_. Month. \_ \_ Year \_ \_ \_ \_ |
| Date of birth: Day \_ \_. Month. \_ \_ Year \_ \_ \_ \_ |
| Date of birth: Day \_ \_. Month. \_ \_ Year \_ \_ \_ \_ |

|  |
| --- |
| Home Address: |
| City State Zip Code |

General instructions:

Please give this completed form to one of the organizers.

Also, will have this form available on the churches websites.