

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.)

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

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

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| --- |
| 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 \_ \_ \_ \_ |

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| 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.