



Church Contact Information Form

Please complete the following information and submit to Karen Lewis-Dryden,
karen@blueridgebaptist.org, to ensure we maintain a current record of your church and contact information. Thank You!

Church Information

Church Name: _____

Address: _____

Street Address

P.O. Box

City

State

Zip

Phone: _____ Email: _____

Pastor Information

Pastor Name: _____

Home Address: _____

Street Address

P.O. Box

City

State

Zip

Phone: _____ Alternate Phone: _____

Email Address: _____ Spouse Name: _____

Birth Date: _____ Anniversary Date: _____

Staff Information

Name: _____ Title: _____

Home Address: _____

Street Address

P.O. Box

City

State

Zip

Phone: _____ Alternate Phone: _____

Email Address: _____ Spouse Name: _____

Birth Date: _____ Anniversary Date: _____

Staff Information

Name: _____ Title: _____

Home Address: _____
Street Address *P.O. Box*

City *State* *Zip*

Phone: _____ Alternate Phone: _____

Email Address: _____ Spouse Name: _____

Birth Date: _____ Anniversary Date: _____

Staff Information

Name: _____ Title: _____

Home Address: _____
Street Address *P.O. Box*

City *State* *Zip*

Phone: _____ Alternate Phone: _____

Email Address: _____ Spouse Name: _____

Birth Date: _____ Anniversary Date: _____

Staff Information

Name: _____ Title: _____

Home Address: _____
Street Address *P.O. Box*

City *State* *Zip*

Phone: _____ Alternate Phone: _____

Email Address: _____ Spouse Name: _____

Birth Date: _____ Anniversary Date: _____

**Feel free to copy as many Information Sheets as needed to provide staff information.
Thank you for taking the time to complete this form so we may better serve you!**