

Pastor/Spouse Information Form



Contact Info

First Name _____

Last Name _____

Address _____

City _____ State _____ ZIP _____

Email _____

Phone _____ Alt Phone _____

Preferred Form of Contact text email voice

Birthday _____ Spouse Birthday _____ Anniversary _____

Alternative Residence

Dates _____

Address _____

City _____ State _____ ZIP _____

Contact Information (Children or Next of Kin)

Please list preferred contact first

Name _____

Relationship _____ Phone _____

Address _____

Email _____

Name _____

Relationship _____ Phone _____

Address _____

Email _____

Name _____

Relationship _____ Phone _____

Address _____

Email _____

Return form to: PO Box 19207 Springfield, IL 62794 or csims@igrc.org