

2024 Congregation Information Form

Due Date: **March 1, 2024**

Please complete all sections of this form, and email it to tonya@norcalepiscopal.org.

Congregation Information

Congregation Name:	Congregation Address:
Congregation Email Address:	City, State and Zip Code:
Congregation Phone Number:	Mailing Address <small>(if different from location address):</small>
Congregation Fax Number:	City, State and Zip Code:
Congregation Social Media: <small>(Youtube, Facebook, Twitter, etc.)</small>	Congregation Website:
Note: It is important that the correct information is provided for each individual for our records. Please do not duplicate all entries.	

Clergy-in-Charge

Title, First and Last Name:	Phone Number (Best for contact) <small>(Please indicate home, cell, or work)</small>
Ordination Order: <input type="checkbox"/> Priest <input type="checkbox"/> Deacon	Mailing Address:
Email Address:	City, State and Zip Code:
Is this person an employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	OPTIONAL - Spouse/Partner's Name:

Senior Warden

First and Last Name:	Mailing Address:
Email Address:	City, State and Zip Code:
Phone Number (Best for contact) <small>(Please indicate home, cell, or work)</small>	OPTIONAL - Spouse/Partner's Name:

Junior Warden

First and Last Name:	Mailing Address:
Email Address:	City, State and Zip Code:
Phone Number (Best for contact) <small>(Please indicate home, cell, or work)</small>	OPTIONAL - Spouse/Partner's Name:

Treasurer

First and Last Name:	Mailing Address:
Email Address:	City, State and Zip Code:
Phone Number (Best for contact) <small>(Please indicate home, cell, or work)</small>	OPTIONAL - Spouse/Partner's Name:

Bookkeeper (if this is a person other than the Treasurer)

First and Last Name:	Mailing Address:
Email Address:	City, State and Zip Code:
Phone Number (Best for contact) <small>(Please indicate home, cell, or work)</small>	OPTIONAL - Spouse/Partner's Name:

Clerk

First and Last Name:	Mailing Address:
Email Address:	City, State and Zip Code:
Phone Number (Best for contact) <small>(Please indicate home, cell, or work)</small>	OPTIONAL - Spouse/Partner's Name:

Administrator/Secretary

First and Last Name:	Mailing Address:
Email Address:	City, State and Zip Code:
Phone Number (Best for contact) <small>(Please indicate home, cell, or work)</small>	OPTIONAL - Spouse/Partner's Name:

Youth Ministry Primary Contact

First and Last Name:	Mailing Address:
Email Address:	City, State and Zip Code:
Phone Number (Best for contact) <small>(Please indicate home, cell, or work)</small>	OPTIONAL - Spouse/Partner's Name:

Children's Ministry/Sunday School

First and Last Name:	Mailing Address:
Email Address:	City, State and Zip Code:
Phone Number (Best for contact) <small>(Please indicate home, cell, or work)</small>	OPTIONAL - Spouse/Partner's Name:

Employee Benefits Administrator (responsible for administering employee benefits and/or reviewing and approving insurance bills)

First and Last Name:	Mailing Address:
Email Address:	City, State and Zip Code:
Phone Number (Best for contact) <small>(Please indicate home, cell, or work)</small>	OPTIONAL - Spouse/Partner's Name:

Please list all Clergy that are at your church on the "Clergy Information" tab on the bottom left of this program.

2023 Congregation Information Form

Due Date: **March 1, 2023**

Please complete all sections of this form, and email it to oob@norcalepiscopal.org.

Please list Episcopal Priests and Deacons formally associated with your church

Cleric #1

Title, First and Last Name:		Phone Number (Best for contact) <i>(Please indicate home, cell, or work)</i>	
Ordination Order:	<input type="checkbox"/> Priest <input type="checkbox"/> Deacon	Mailing Address:	
Position:		City, State and Zip Code:	
Is this person an employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:	
		OPTIONAL - Spouse/Partner's Name:	

Cleric #2

Title, First and Last Name:		Phone Number (Best for contact) <i>(Please indicate home, cell, or work)</i>	
Ordination Order:	<input type="checkbox"/> Priest <input type="checkbox"/> Deacon	Mailing Address:	
Position:		City, State and Zip Code:	
Is this person an employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:	
		OPTIONAL - Spouse/Partner's Name:	

Cleric #3

Title, First and Last Name:		Phone Number (Best for contact) <i>(Please indicate home, cell, or work)</i>	
Ordination Order:	<input type="checkbox"/> Priest <input type="checkbox"/> Deacon	Mailing Address:	
Position:		City, State and Zip Code:	
Is this person an employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:	
		OPTIONAL - Spouse/Partner's Name:	

Cleric #4

Title, First and Last Name:		Phone Number (Best for contact) <i>(Please indicate home, cell, or work)</i>	
Ordination Order:	<input type="checkbox"/> Priest <input type="checkbox"/> Deacon	Mailing Address:	
Position:		City, State and Zip Code:	
Is this person an employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:	
		OPTIONAL - Spouse/Partner's Name:	

Cleric #5

Title, First and Last Name:		Phone Number (Best for contact) <i>(Please indicate home, cell, or work)</i>	
Ordination Order:	<input type="checkbox"/> Priest <input type="checkbox"/> Deacon	Mailing Address:	
Position:		City, State and Zip Code:	
Is this person an employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:	
		OPTIONAL - Spouse/Partner's Name:	

Cleric #6

Title, First and Last Name:		Phone Number (Best for contact) <i>(Please indicate home, cell, or work)</i>	
Ordination Order:	<input type="checkbox"/> Priest <input type="checkbox"/> Deacon	Mailing Address:	
Position:		City, State and Zip Code:	
Is this person an employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:	
		OPTIONAL - Spouse/Partner's Name:	

Cleric #7

Title, First and Last Name:		Phone Number (Best for contact) <i>(Please indicate home, cell, or work)</i>	
Ordination Order:	<input type="checkbox"/> Priest <input type="checkbox"/> Deacon	Mailing Address:	
Position:		City, State and Zip Code:	
Is this person an employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:	
		OPTIONAL - Spouse/Partner's Name:	

Cleric #8

Title, First and Last Name:		Phone Number (Best for contact) <i>(Please indicate home, cell, or work)</i>	
Ordination Order:	<input type="checkbox"/> Priest <input type="checkbox"/> Deacon	Mailing Address:	
Position:		City, State and Zip Code:	
Is this person an employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:	
		OPTIONAL - Spouse/Partner's Name:	

Cleric #9

Title, First and Last Name:		Phone Number (Best for contact) <i>(Please indicate home, cell, or work)</i>	
Ordination Order:	<input type="checkbox"/> Priest <input type="checkbox"/> Deacon	Mailing Address:	
Position:		City, State and Zip Code:	
Is this person an employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:	
		OPTIONAL - Spouse/Partner's Name:	

Cleric #10

Title, First and Last Name:		Phone Number (Best for contact) <i>(Please indicate home, cell, or work)</i>	
Ordination Order:	<input type="checkbox"/> Priest <input type="checkbox"/> Deacon	Mailing Address:	
Position:		City, State and Zip Code:	
Is this person an employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:	
		OPTIONAL - Spouse/Partner's Name:	