



## Parishioner Electronic Contact Information Form

### Personal Information

Family  
Names:

*Last* \_\_\_\_\_ *First* \_\_\_\_\_

*Last* \_\_\_\_\_ *First* \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email (s) \_\_\_\_\_

### Other Family Members

Person 1 \_\_\_\_\_ Person 2 \_\_\_\_\_

Person 3 \_\_\_\_\_ Person 4 \_\_\_\_\_

Person 5 \_\_\_\_\_ Person 6 \_\_\_\_\_

**Please circle the appropriate response:**

I consent to receive church correspondence/information by Email: **YES** **NO**

I consent to photographs taken at church events in which I and/or family members are included being posted in All Saints' Electronic Materials:

**YES** **NO**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***N.B*** You may opt out of receiving Emails or having your picture appear in electronic communications materials at any time by contacting the church office.

**Please deposit completed form in one of the GREEN boxes located at each entrance to the church. THANK YOU**