



S A I N T  
N I C H O L A S  
G R E E K O R T H O D O X  
C H U R C H

2017 DIRECTORY

# INFORMATION FORM

*We will be publishing your name, your address, and your preferred method(s) of contact, phone and/or email, and children's names printed on this form. If you do not want it published, please do not add it to this form.*

I do not wish to have my photo published, but please publish the contact information I provide.

Family Name: \_\_\_\_\_

Spouse 1 Name:

Spouse 2 Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Family Contact Phone: \_\_\_\_\_

Family Contact Email: \_\_\_\_\_

## CHILDREN ( list oldest to youngest )

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

Child 4: \_\_\_\_\_

Child 5: \_\_\_\_\_

Child 6: \_\_\_\_\_

Child 7: \_\_\_\_\_

CHECK IF NOT PICTURED

ATTACH PHOTO  
TO THIS SHEET IF  
SUBMITTING A REAL  
PHOTO. NO STAPLES.