



EPISCOPAL DIOCESE OF FORT WORTH

2017 Church Information

Name of Church		Phone Number
Church Address (street, city, zip code)		Fax Number
Rector/Vicar	Home Telephone #	Cell Telephone #
Home Address (street, city, zip code)		Email Address

Church Services & Times

Sunday

Weekdays

Other Clergy

Name	Address (street, city, zip code)	E-mail	Phone Number



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Other Information

Name of Business Manager	Address (street, city, zip code)	Home Phone
E-mail		Cell Phone
Name of Church Secretary	Address (street, city, zip code)	Home Phone
E-mail		Cell Phone
Name of Director, Religious Education	Address (street, city, zip code)	Home Phone
E-mail		Cell Phone
Name of Youth Director	Address (street, city, zip code)	Home Phone
E-mail		Cell Phone
Name of EYC Sponsor	Address (street, city, zip code)	Home Phone
E-mail		Cell Phone
Name of Organist	Address (street, city, zip code)	Home Phone
E-mail		Cell Phone
Name of Choir Director	Address (street, city, zip code)	Home Phone
E-mail		Cell Phone
Outreach/Mission Coordinator	Address (street, city, zip code)	Home Phone
E-mail		Cell Phone
WMC Prayer Intercessor	Address (street, city, zip code)	Home Phone
E-mail		Cell Phone



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Vestry Membership Officers

Senior Warden	Address (street, city, zip code)	Home Phone	Work Phone
Term of Office: Year _____ to Year _____		E-mail _____	
Junior Warden	Address (street, city, zip code)	Home Phone	Work Phone
Term of Office: Year _____ to Year _____		E-mail _____	
Treasurer	Address (street, city, zip code)	Home Phone	Work Phone
Term of Office: Year _____ to Year _____		E-mail _____	
Clerk	Address (street, city, zip code)	Home Phone	Work Phone
Term of Office: Year _____ to Year _____		E-mail _____	

Vestry Members Other

Name	Address (street, city, zip code)	Home Phone	Work Phone
Term of Office: Year _____ to Year _____		E-mail _____	
Term of Office: Year _____ to Year _____		E-mail _____	
Term of Office: Year _____ to Year _____		E-mail _____	
Term of Office: Year _____ to Year _____		E-mail _____	
Term of Office: Year _____ to Year _____		E-mail _____	

