



Presbytery of Des Moines



CHURCH DIRECTORY INFORMATION FORM

Church Name: _____

Street Address: _____

City / State / Zip+4: _____

Mailing Address: _____

(if different from street address above)

City / State / Zip+4: _____

(if different from street address above)

Phone: _____ **Fax:** _____

Email: _____

Website: _____

Pastor: _____

Spouse's Name: _____

Home Address: _____

City / State / Zip+4: _____

Email: _____

Home Phone: _____ **Cell:** _____

(if it is to be published)

(if it is to be published)

Clerk of Session: _____

Address: _____

City / State / Zip+4: _____ **Phone:** _____

Email: _____

Church Administrative Assistant: _____

Email: _____

Church Treasurer: _____

Email:
