

# Contact Form

## Contact details

Christian Name(s) ( <i>First Names</i> )	Surname ( <i>Family Name</i> )
Address 1, Number & Street	Address 2, Postcode
Address 3, Town or City	<i>For office use: Congregational area</i>
Home telephone	Work telephone
Home email address*	Work email address*
<i>*Please indicate which of these two is your preferred email address.</i>	
<i>I am / am not * willing for my name, address, phone no and email address to appear on our Contact Register, available only to people authorised by the Church Council.</i>	
<i>* Please delete as appropriate</i>	

## Personal information (optional)

<i>Date of birth or age range</i>	<i>1 - 19, 20 - 29, 30 - 39, 40 - 49, 50 - 64, 65 +</i>
<i>Name of spouse or partner</i>	
<i>Name(s) of child(ren)</i>	
<i>Nationality</i>	
<i>Languages spoken</i>	
<i>Would you be able to befriend newcomers of the same nationality as yourself, or offer help with language difficulties ?</i>	
<i>Yes                      No</i>	
<i>Involvement with Chaplaincy in worship and events -</i>	
<i>Frequent      Regular      Occasional      Supporter</i>	
<i>Please use this space to give any information which you think it would be useful or important for the Chaplain to know, such as next of kin, need for any sort of assistance, association with any particular groups, or particular skills which might be useful to know about in an emergency.</i>	

## Consent

I consent to this information being held by the Chaplain and Clergy
<b>Signed</b> _____ <b>Date</b> _____
Please bring this form to church on any Sunday and place it in the box provided, or return it by post to:
<b>The Anglican Church of Luxembourg</b> The Rev'd Chris Lyon, 89, rue de Muhlenbach, L-2168 Luxembourg