

Contact Form

*Contact details (please complete 1 form per person & **write legibly**)*

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	Mobile telephone	
Home email address*		Work email address*	
*Please indicate which is your preferred email address.			
I am / am not * willing for my name, address, phone number and e-mail address to appear on our Contact Register, available only to people authorised by the Church Council.			
* Please delete as appropriate			

Personal information (optional)

Date of birth or age range	1 - 19, 20 - 29, 30 - 39, 40 - 49, 50 - 64, 65 +		
Name of spouse or partner			
Name(s) of child(ren)			
Nationality	Profession/Occupation		
Languages spoken			
Would you be able to befriend newcomers of the same nationality as yourself, or offer help with language difficulties ?			
		Yes	No
Involvement with Chaplaincy in worship and events –			
		Frequent	Regular Occasional Supporter
Please use this space to give any information which you think it would be useful or important for us 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.			

Consent

I consent to this information being held by the Anglican Church of Luxembourg.	
Signed	Date
Please bring this form to church on any Sunday and place it in the box provided, or return it by post to the Anglican Church Office.	