

EASTERN DISTRICT CLERGY INFORMATION FORM

Name _____

Church Name _____

Street Address _____

City _____ State _____ Zip _____

Year Ordained _____ Years in Current Position _____

Education Experience _____

Spouse _____

Children _____

Hobbies _____

Something people don't know about me is: _____

OK to share on Facebook? YES _____ NO _____

Please return completed form and a photo (if possible) to Ruth Marzano at ruth.marzano@lcmsed.org or mail to:

*LCMS Eastern District
ATTN: Ruth Marzano
5111 Main Street
Williamsville, NY 14221*