

**Trinity Lutheran Church  
Post Office Box 544  
Clarks Summit, Pennsylvania 18411**

**Church Pictorial Directory Information**

Family Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: (4 digit extension, if known) \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Anniversary Date: \*\* \_\_\_\_\_

Adult/Parent First Name(s):	E-mail Address *	Date of Birth **	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Adult/Parent First Name(s):	E-mail Address *	Date of Birth **	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Picture for Directory: \_\_\_\_\_ Picture will be provided by our family

\_\_\_\_\_ picture provided in digital format

\_\_\_\_\_ picture needs to be scanned

\_\_\_\_\_ Picture needs to be taken at church

Date available for picture to be taken: \_\_\_\_\_

Names Persons Appearing in Your Family Picture:

Name	Member of Trinity (YES or NO)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes: \* Your e-mail address needs to be provided and printed in the member section of the directory in order for you to be able to access the electronic version of the directory on line on a computer, tablet, or smart phone.

\*\* The month and date of birth and/or anniversary only needs to be provided if you desire to have this information in the directory.

*(Please use the reverse side of this form to provide any additional information)*