



Dioceses of Ohio, Michigan and Indiana (OMI)

TELEPHONE DIRECTORY FORM

Please complete this form to add your personal information to the dioceses' directory
(Include only the information you wish to share with your congregation.)

Home church Name:	
City	State:

First Name:	Last Name:
Date of birth: Day __. Month. __ Year. (optional) ____	
Home Phone #:	Cell phone #:
Email Address:	Facebook Page:
Instagram Page	

Spouse Name:	Last Name:
Date of birth: Day __. Month. __ Year. (optional) ____	
Home Phone #:	Cell phone #:
Email Address:	Facebook Page:
Instagram Page:	

children Names:

	Date of birth: Day __. Month. __ Year ____
	Date of birth: Day __. Month. __ Year ____
	Date of birth: Day __. Month. __ Year ____
	Date of birth: Day __. Month. __ Year ____

Home Address:		
City	State	Zip Code

General instructions:

Please give this completed form to one of the organizers.
Also, will have this form available on the churches websites.