

# Directory Questionnaire

Please fill out and return to the box in foyer or in the office!  
Make sure we get your picture! Cameras will be available on Sundays &  
Wednesday nights; or you may submit a family portrait.

Please Print

Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone (Land Line): \_\_\_\_\_

---

• **Man/Husband's Name:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

• **Woman/Wife's Name:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

• Anniversary Date: \_\_\_\_\_

---

**Child #1 Name:** \_\_\_\_\_

Above Husband & Wife are:  – Parent /  – Guardian /  - Grandparent

Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_

School Attending or Place of Employment: \_\_\_\_\_

• **Child #2 Name:** \_\_\_\_\_

Above Husband & Wife are:  – Parent /  – Guardian /  - Grandparent

Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_

School Attending or Place of Employment: \_\_\_\_\_

(over)

Riverside church of Christ  
190 Whitaker Lane  
Gassville, Arkansas 72635  
870-435-2828

**Office Use Only:**

– Picture  - Printed  
 – Computer Entry  - Other

- Child #3 Name:** \_\_\_\_\_

Above Husband & Wife are:  – Parent /  – Guardian /  - Grandparent

Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_

School Attending or Place of Employment: \_\_\_\_\_
- Child #4 Name:** \_\_\_\_\_

Above Husband & Wife are:  – Parent /  – Guardian /  - Grandparent

Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_

School Attending or Place of Employment: \_\_\_\_\_
- Child #5 Name:** \_\_\_\_\_

Above Husband & Wife are:  – Parent /  – Guardian /  - Grandparent

Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_

School Attending or Place of Employment: \_\_\_\_\_
- Child #6 Name:** \_\_\_\_\_

Above Husband & Wife are:  – Parent /  – Guardian /  - Grandparent

Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_

School Attending or Place of Employment: \_\_\_\_\_

Other Information, if needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Office Use Only:**

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> – Picture        | <input type="checkbox"/> - Printed |
| <input type="checkbox"/> – Computer Entry | <input type="checkbox"/> - Other   |