



The Episcopal Diocese of Bethlehem

The Right Reverend Sean W. Rowe, *Bishop Provisional*

333 Wyandotte Street * Bethlehem, PA 18018 * 610-691-5655 * www.diobeth.org

THE DIOCESE OF BETHLEHEM PARISH OFFICIALS—2018

**PLEASE NOTE: We communicate primarily via email in the Diocese. All email addresses listed here will be added to our electronic newsletters, including our monthly Leadership Newsletter and the newSpin electronic newsletter. All Vestry Officers, Parish Administrators, Communications, and Christian Formation personnel will also be added to the appropriate interactive email lists. Individuals may elect to unsubscribe at any time, but please inform them that in doing so they are likely to miss important information.*

Name of Church: _____ **Phone #:** _____

Street: _____ **Fax #:** _____

City: _____ **State:** _____ **Zip:** _____

Mailing address if different from above: _____

Website: _____ **Facebook Page:** Yes No

Official Email for Parish: _____

OFFICIALS

Date of Last Annual Meeting: _____

MM/DD/YYYY

Rector Vicar Priest-in Charge Interim Supply Clergy:

Name: _____ **Phone:** _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ **Date Safeguard Training Completed:** _____
MM/YYYY

Assistant Priest Assistant Associate Priest Deacon Curate:

Name: _____ **Phone:** _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ **Date Safeguard Training Completed:** _____
MM/YYYY

Senior Warden: _____ **Phone:** _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ **Date Safeguard Training Completed:** _____
MM/YYYY

Junior Warden: _____ **Phone:** _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ **Date Safeguard Training Completed:** _____
MM/YYYY

Administrative Asst: _____ **Phone:** _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ **Date Safeguard Training Completed:** _____
MM/YYYY

Parish Name (continued): _____

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

Parish Name (continued): _____

COMPLETE LIST OF VESTRY

Name: _____ **Phone:** _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ **Date Safeguard Training Completed:** _____
MM/YYYY

Name: _____ **Phone:** _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ **Date Safeguard Training Completed:** _____
MM/YYYY

Name: _____ **Phone:** _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ **Date Safeguard Training Completed:** _____
MM/YYYY

Name: _____ **Phone:** _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ **Date Safeguard Training Completed:** _____
MM/YYYY

Name: _____ **Phone:** _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ **Date Safeguard Training Completed:** _____
MM/YYYY

Name: _____ **Phone:** _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ **Date Safeguard Training Completed:** _____
MM/YYYY

Name: _____ **Phone:** _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ **Date Safeguard Training Completed:** _____
MM/YYYY

Name: _____ **Phone:** _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ **Date Safeguard Training Completed:** _____
MM/YYYY

Name: _____ **Phone:** _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ **Date Safeguard Training Completed:** _____
MM/YYYY

Parish Name (continued): _____

ADDITIONAL/OTHER MINISTRY CONTACTS:

_____: _____ Phone: _____
Address: _____
(Street) (City) (State) (Zip Code)
E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____: _____ Phone: _____
Address: _____
(Street) (City) (State) (Zip Code)
E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____: _____ Phone: _____
Address: _____
(Street) (City) (State) (Zip Code)
E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____: _____ Phone: _____
Address: _____
(Street) (City) (State) (Zip Code)
E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____: _____ Phone: _____
Address: _____
(Street) (City) (State) (Zip Code)
E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____: _____ Phone: _____
Address: _____
(Street) (City) (State) (Zip Code)
E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____: _____ Phone: _____
Address: _____
(Street) (City) (State) (Zip Code)
E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____: _____ Phone: _____
Address: _____
(Street) (City) (State) (Zip Code)
E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____: _____ Phone: _____
Address: _____
(Street) (City) (State) (Zip Code)
E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

Parish Name (continued): _____

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____ : _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

Parish Name (continued): _____

_____: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

_____: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____

_____: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____ Date Safeguard Training Completed: _____
MM/YYYY

OTHER SAFEGUARDING TRAINED INDIVIDUALS

(Key holders, outside organizations, etc.)

NAME	POSITION	SAFEGUARDING TRAINING
		Date completed
		Date completed
		Date completed
		Date completed
		Date completed
		Date completed
		Date completed
		Date completed
		Date completed
		Date completed
		Date completed
		Date completed
		Date completed
		Date completed