



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

* _____ : _____ **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

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

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

* Enter Position ** Enter if Phone is: Cell, Home, Work

* _____ : _____ 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

* _____ : _____ 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

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