CHURCH INFORMATION FORM

(A) Primera Iglesia Bautista (or Name of Church):	
City:	Zip:
Church Phone No. Area	a Code ()
(D) D	
(B) Pastor:Pastor's email address:	
Pastor's email address:_	
Pastor's Cell No. Area Code () Pastor's Home Ph: Area Code ()	
Name: Mr Mrs. Title: Deacon Director(a)/Preside Contact person's email a Cell No. Area Code (_ Home Ph: Area Code (_ Mailing Address of cont	nte(a):address:
	Zip:
SEND MAIL TO:	CHURCH ADDRESS PASTOR'S HOME ADDRESS CONTACT PERSON'S HOME ADDRESS
Additional contact perso	ons and emails:
_	email:
Name:	amail.

For any future changes, please send updated information to:

aliceg922@sbcglobal.net or aliceg@publicans.com or mail to:

Hna. Alice Garcia, 1010 S. Gardenia, Mathis, Texas 78368 Tel: 361-438-1408