

# Union Missionary Baptist Church Directory Update

as of    /    /

Member's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

## Emergency Contact(s)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

## Hospital Preference (Circle your choice)

OSF/St. Joseph: 662-3311 (Bloomington)    BroMenn Advocate: 454-1400 (Normal)

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Illness(s) (Optional)

\_\_\_\_\_  
\_\_\_\_\_

## Medications (Optional)

\_\_\_\_\_  
\_\_\_\_\_

## Additional Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person completing form: \_\_\_\_\_