Member Contact Form

THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

Return to:
Member Contact
Member and Statistical Records Department FL 13
50 E North Temple St

Salt Lake City UT 84150-5300

Telephone: 801-240-3500

Fax: 801-240-1198

To the person requesting contact: The C	hurch wants to help
you contact Church members for reasons the protect the privacy of Church members, and records are confidential, we cannot release a	at will benefit them. To because all Church
numbers, or any other member information. forward this form to the member you want to member will decide whether to contact you. three forms per month for you.	contact, and the

Reason for Contact. Use this section to write a note to the person you are trying to contact. Please print or type.

Complete the entire form, including the "Reason for Contact"

processed). To help us identify the member you want to contact, please include as much information as possible.

The Church will not forward sealed letters. All correspondence submitted is subject to review for appropriateness. The Church reserves the right not to forward any contact form it considers inappropriate.

Do not use this form to notify people of reunions or for political, commercial, or legal matters.

section (if a reason is not given, your request will not be To the member receiving this form: This form was completed by confidential, the Church does not release information to those the person whose name appears at the bottom of the form. To trying to contact members. If you want to contact this person, use protect your privacy and because all Church records are the information at the bottom of this form. Member to Contact Please print or type. Be as specific as possible Name (last, first, middle, maiden) Birth date (if not known, give age) Birthplace Spouse (last, first, middle, maiden) Birth date (if not known, give age) Birthplace Last known address City State or province Postal Code Other information (parents, children, mission, previous ward, and so on)

Person Making the Request Please print or type except for your signature.

Name

Email Address

City State or province Postal Code

Home phone (include area code)

Business phone (include area code)

Requester's signature

Date