THE CHURCH OF
JESUS CHRIST
OF LATTER-DAY SAINTS

Member Contact Form

MEMBER AND STATISTICAL RECORDS
50 E NORTH TEMPLE ST FL 13
SALT LAKE CITY UT 84150-5300

Telephone 801-240-3500 Fax 801-240-1198

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

Complete the entire form, including the "Reason for Contact" section (if a reason is not given, your request will not be 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 to be forwarded 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.

To the member receiving this form: This form was completed by the person whose name appears at the bottom of the form. To protect your privacy and because all Church records are confidential, the Church does not release information to those trying to contact members. If you want to contact this person, use the information at the bottom of this form.

Member 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)

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

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

Name	Requester's signature
	X

Last known address	City	State or province	Postal Code

Home phone (include area code)	Business phone (include area code)	Date

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