

East Alabama Medical Center
CLERGY INFORMATION

Permit # _____
(To be completed by Hospital Chaplain)

Please complete the following:

1. Title and name (ie: Rev. John Smith) _____

2. Church name and denomination:

3. Church mailing address and phone number:

4. If a member of your church is in the hospital and asks us to contact you after normal business hours, is there an alternate contact number where we could reach you?

5. Do you have an e-mail address you would like to share with us?

Please print and complete this form. You may mail it to the address below.

Pastoral Services
East Alabama Medical Center
2000 Pepperell Parkway
Opelika, AL 36830

You may also drop it by the Pastoral Services office on your next visit to EAMC.