

Clergy Information Form

Please print, complete and mail this form to Rev. Wright A. Culpepper, D.Min., director, Pastoral Care, via the mailing address at the bottom of this page or submit them in person to the Chaplain Office at the Health System located next to Gathering Grounds Coffee Shop.

Please also include identifying documentation of your role as pastor (business card, bulletin, church letterhead, letter from Senior Minister or other official of the church, etc.) when you submit this form.

Date: _____

First and Last Name (please print legibly): _____

Address: _____

Telephone: _____(office) _____(cell) _____(home)

Email: _____

Full Name of Church/Synagogue/Religious Organization: _____

Mailing Address (If Different From Above): _____

Your Title/Position: _____

(Check One) Part Time Full Time

Are You Ordained? (Check One) Yes No

If yes, by what church? _____

Signature

Office Use Only: Religion Code: Orientation Test: CBC: Badge

Revised: October 2018

Mailing address:
Dr. Wright A. Culpepper
Southeast Georgia Health System
2415 Parkwood Drive
Brunswick, GA 31520



**SOUTHEAST GEORGIA
HEALTH SYSTEM**