

MEMBER INFORMATION SHEET

Please complete the following information for each member of your family to the best of your knowledge. This information will be entered into our computer data base and will be kept in a confidential file in the Church Office. Completed forms can be returned to the Church Office.

ONE FORM COMPLETED BY EACH FAMILY MEMBER

LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK _____ EXT. _____ CELL _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT _____ RELATION _____

PHONE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

BIRTH DATE _____ LOCATION _____

FATHER _____ MOTHER _____

BAPTISM DATE _____ LOCATION _____

CHURCH _____ PASTOR _____

SPONSORS _____

CONFIRMATION DATE _____ LOCATION _____

CHURCH _____ PASTOR _____

MARRIAGE DATE _____ LOCATION _____

CHURCH _____ PASTOR _____

SPOUSE _____

CHILDREN _____
