

## NEW MEMBER INFORMATION

Family Name \_\_\_\_\_ Date / /

Address \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Sunday service time:  8:00 Rite I       10:30 Rite II       5:00 Contemplative

Who will be the primary contact for this household \_\_\_\_\_

	ADULT	ADULT
TITLE (circle one):	Mr. Mrs. Miss. Ms. Dr. Rev.  Other:	Mr. Mrs. Miss. Ms. Dr. Rev.  Other:
Name in full:		
Name I prefer to be called:		
Preferred phone number:	(H)  (C)	(H)  (C)
Preferred email:		
Occupation:		
Birthdate & Birthplace:		
Baptismal Date:		
Church & City		
Confirmation Date		
Church & City		
Wedding Date & Place		
If currently a member of a church, give church name, city and state.		
See reverse for information on children living at home.		

	CHILD <input type="checkbox"/> M <input type="checkbox"/> F	CHILD <input type="checkbox"/> M <input type="checkbox"/> F	CHILD <input type="checkbox"/> M <input type="checkbox"/> F	CHILD <input type="checkbox"/> M <input type="checkbox"/> F
Name in full:				
Preferred name:				
Birthdate:				
Place of Birth:				
Baptismal Date:				
Church & City:				
Confirmation Date:				
Church & City:				

Anything else about you or your family you'd like us to know (e.g. expecting a child, caring for aging parents, living with special needs, chronic illness, or disability, dealing with a recent loss, or other special circumstance you wish to share)?

