

MEMBER INFORMATION FORM

Name: _____

Maiden Name: _____

Address: _____

Phone: _____ Cell: _____

E-Mail: _____

Birth Date: _____ Place: _____

Parents Name: _____

Spouse Name: _____ Anniversary: _____

Baptism Date: _____ Place: _____

Officiant: _____

Sponsors: _____

Confirmation/Profession of Faith

Date: _____ Officiant: _____

Sponsors: _____

Transferring from another church? YES NO

Church Name: _____