

MEMBER INFORMATION

NAME: _____
First Middle Last Suffix

HOME PHONE: (____)_____-_____ CELL/MOBILE PHONE: (____)_____-_____

ADDRESS: _____

_____ E-MAIL: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

SEX: Male ____ Female ____ MAIDEN NAME: _____

MARITAL STATUS: Married ____ Divorced ____ Remarried ____
Single ____ Widowed ____

HOUSEHOLD TYPE: Couple/Children ____ Single Parent ____ Blended Family ____
Married Couple ____ Single Adult ____

BIRTHDATE: _____ WHERE: _____

BAPTISM DATE: _____ WHERE: _____

FIRST COMMUNION DATE: _____ WHERE: _____

CONFIRMATION DATE: _____ WHERE: _____

WEDDING DATE: _____ SPOUSE'S NAME: _____

EMPLOYER: _____ OCCUPATION TITLE: _____

WORK SHIFT: _____ WORK TELEPHONE NUMBER: (____)_____-_____

EDUCATION LEVEL: _____ MILITARY STATUS: _____

<u>CHILD'S NAME</u>	<u>M/F</u>	<u>BIRTHDATE</u>	<u>BAPTISM DATE</u>	<u>CONFIRMATION DATE</u>	<u>GRADE</u>
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SCHOOL SYSTEM: _____

ALTERNATE ADDRESS: _____

_____ IN EFFECT FROM: _____ TO: _____

EMERGENCY CONTACT: _____ RELATION: _____

TELEPHONE NUMBER: (____)_____-_____

NOTE: (Any pertinent information you would like kept in the church records)
