Member/Family Questionnaire

(Please return to church secretary)

Mailing Label Name: (ex: Bob Jones & Mary Smith or Bob & Mary Jones) _____

Address: Street/P.O. Box/Apt#_____

City_____ State_____ Zip_____

Primary Phone: _____ Cell Phone: _____ Email: _____

Alternate Address *(winter/summer/college)*: _____

City_____ State_____ Zip_____

Phone: _____ Dates effective: _____to_____

Other phones/email: _____

May we publish the above information on our church directory? ___yes ___no *comments:* _____

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Personal Information: Please list all individuals living at this address

Name: _____
First Name Middle Name Last Name

Family Status: ____Head of Household ____Spouse ____Child Other:_____ Gender: M__ F__

Birth Date: _____ Birth Place: _____

Baptism date: _____ Church/City: _____

Marital Status: ___Single ___Married ___Separated ___Divorced ___Widowed Other:_____

Married Date: _____ Where: _____

If child: School/College: _____

Name: _____
First Name Middle Name Last Name

Family Status: ____Head of Household ____Spouse ____Child Other:_____ Gender: M__ F__

Birth Date: _____ Birth Place: _____

Baptism date: _____ Church/City: _____

Marital Status: ___Single ___Married ___Separated ___Divorced ___Widowed Other:_____

Married Date: _____ Where: _____

If child: School/College: _____ Grade: _____
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Personal Information continued: *Please use additional pages if needed*

Name: _____
First Name Middle Name Last Name

Family Status: ____Head of Household ____Spouse ____Child other: _____ Gender: M__ F__

Birth Date: _____ Birth Place: _____

Baptism date: _____ Church/City: _____

Marital Status: ___Single ___Married ___Separated ___Divorced ___Widowed other:_____

Married Date: _____ Where: _____

If child: School/College: _____ Grade: _____

Name: _____
First Name Middle Name Last Name

Family Status: ____Head of Household ____Spouse ____Child other:_____ Gender: M__ F__

Birth Date: _____ Birth Place: _____

Baptism date: _____ Church/City: _____

Marital Status: ___Single ___Married ___Separated ___Divorced ___Widowed other:_____

Married Date: _____ Where: _____

If child: School/College: _____ Grade: _____

Name: _____
First Name Middle Name Last Name

Family Status: ____Head of Household ____Spouse ____Child other:_____ Gender: M__ F__

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Marital Status: ___Single ___Married ___Separated ___Divorced ___Widowed other:_____

Married Date: _____ Where: _____

If child: School/College: _____ Grade: _____