CHURCH MEMBER INFORMATION SHEET

(Please complete **ALL INFORMATION** and return to the church office)

_____ _____ _____ M/Mrs/Ms _____
Last Name First Name Middle Initial Circle One Maiden Name

_____ _____ _____ _____
Street Address City State Zip

_____ _____
Mailing Address (if different than above) Birth Date

_____ _____ _____
Home Phone *Work Phone *E-mail

Choose One _____Head of Household _____Spouse _____Child
_____ Child's School Grade

_____ _____ _____
Baptism Date Membership Date Marriage Date

_____ _____
*Occupation *Employer

Emergency Contact _____ _____ _____
Name Relationship Tel. No.

Present Committees or Boards _____

_____

Skills & Interests _____

_____

_____

_____

_____

Dietary Convictions or Concerns (i.e. food allergies, medical concerns, vegetarian/vegan)
To help educate congregants to prepare foods with notations of ingredients harmful to you:

_____

_____

_____

*Optional