

INFORMATION FOR CHURCH MEMBERSHIP RECORDS

Independent Presbyterian Church

Date: _____

Name: _____

(full Christian name not initials; include maiden name)

Name prefer used in Directory, mailing, etc. – e.g.; Dr. H. Richard Jones, Ms. Leslie Adams, Mrs. William E. Smith:

Name prefer to be called: _____

Marital Status (Please check one): Married: ____ Widowed: ____ Single: ____ Divorced: ____

If married, spouse's full name: _____

Residence Address: _____ Zip Code: _____

Mailing address (if different from above): _____

Phone No. (home) _____ (work) _____ (cell) _____

E-mail Address: _____

Date of Birth: _____ Date of Marriage: _____

Occupation/Place of Employment: _____

Children/Parents/Other Family Living at Home:

Name	Date of Birth	School/Level
() M () F _____	_____	_____
() M () F _____	_____	_____
() M () F _____	_____	_____

Please let us know if you have children living at another address and if you would like to provide their mailing address.

Have you been Baptized? _____ No _____ Yes (____ Infant/Child or ____ Adult)

Have you ever joined a church? _____ No _____ Yes

Are you currently a member of another church? If yes, please fill in the information below:

Church Name: _____

Address: _____

City/State/Zip: _____

FORMER CHURCH OFFICES AND ACTIVITIES Elder: _____ Deacon: _____

Church Activities: _____

EMERGENCY CONTACT/RELATIONSHIP:

Name: _____

Address: _____

Phone Number: _____