

	Head of Household	Spouse
Title: (Circle one)	Mr. Mrs. Miss Ms. Dr. Rev. Male <input type="checkbox"/> Female <input type="checkbox"/>	Mr. Mrs. Miss Ms. Dr. Rev. Male <input type="checkbox"/> Female <input type="checkbox"/>
Name:	(First - Middle/Maiden - Last)	(First - Middle/Maiden - Last)
Preferred or Nickname		
Birthdate:	Date: ___/___/___	Date: ___/___/___
Address:		
City, State, Zip:		
Home Phone:	() -	
Alternate Address	from: ___/___/___ to: ___/___/___ <input type="checkbox"/> Print in Directory	
Address:		
City, State, Zip:		
Alternate Phone:	() -	
Work Phone:	() -	() -
Cell Phone:	() -	() -
Email address:		
	<input type="checkbox"/> Primary Family Email <input type="checkbox"/> Do NOT Print in Directory	<input type="checkbox"/> Primary Family Email <input type="checkbox"/> Do NOT Print in Directory
Emergency Contact: name, phone & relationship		
Marital Status:		Marriage Date: ___/___/___
Occupation:		
Employer:		
Baptized:	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ___/___/___	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ___/___/___
Church Background:		
Confirmed:	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ___/___/___	yes <input type="checkbox"/> no <input type="checkbox"/> Date: ___/___/___

CHILDREN (additional children may be added on reverse side)

Name (first, middle, last)	Birth Date	Grade	Baptized
M/F	Date: ___/___/___		yes <input type="checkbox"/> Date: ___/___/___
M/F	Date: ___/___/___		yes <input type="checkbox"/> Date: ___/___/___
M/F	Date: ___/___/___		yes <input type="checkbox"/> Date: ___/___/___
M/F	Date: ___/___/___		yes <input type="checkbox"/> Date: ___/___/___