

Database Information Sheet

	Individual 1	Individual 2
Title (Circle one)	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____
Formal Name (First - Middle or Maiden - Last)		
Preferred Name		
Gender (Check one)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address City, State / Zip		
Birthday	Date: _____	Date: _____
Status (Circle one)	Single Single Dad Single Mom Married Separated Widowed Divorced In Relationship	Single Single Dad Single Mom Married Separated Widowed Divorced In Relationship
Anniversary Date	Date: _____	Date: _____
Baptized	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____
Confirmed	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____
Member Status (Circle one)	Member Regular Attendee Visitor	Member Regular Attendee Visitor
Home Phone	() - Unlisted? <input type="checkbox"/>	() - Unlisted? <input type="checkbox"/>
Cell Phone	() - Unlisted? <input type="checkbox"/>	() - Unlisted? <input type="checkbox"/>
Work Phone	() - Unlisted? <input type="checkbox"/>	() - Unlisted? <input type="checkbox"/>
Preferred Email Address		
Occupation		
Employer		
Church Background		
Previous Church Membership	Name _____ Address _____	Name _____ Address _____

Children (if more than four children please list information on back side of this form)

Name (first, middle, last) Child's Cell Phone/Email (if applicable)	Birth Date	Baptized	Confirmed	2011-12 Grade & School Name
Name: Email: Cell Phone:		yes <input type="checkbox"/> no <input type="checkbox"/> Date	yes <input type="checkbox"/> no <input type="checkbox"/> Date	Grade: School:
Name: Email: Cell Phone:		yes <input type="checkbox"/> no <input type="checkbox"/> Date	yes <input type="checkbox"/> no <input type="checkbox"/> Date	Grade: School:
Name: Email: Cell Phone:		yes <input type="checkbox"/> no <input type="checkbox"/> Date	yes <input type="checkbox"/> no <input type="checkbox"/> Date	Grade: School:
Name: Email: Cell Phone:		yes <input type="checkbox"/> no <input type="checkbox"/> Date	yes <input type="checkbox"/> no <input type="checkbox"/> Date	Grade: School: