

Fairhope UMC Family Information (page 1 of 2)

Family Last Name: _____

Physical Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

First Name _____ Middle Name _____

Last Name _____ Preferred Name _____

Date of Birth: ___/___/___ Gender: Male Female
Month Day Year

Marital Status: Single Married Widowed

Anniversary date: ___/___/___

Home Phone: _____

Cell Phone: _____

Preferred Phone: (check one) Home *or* Cell

Primary Email: _____

Employer: _____

Type of work: _____

First Name _____ Middle Name _____

Last Name _____ Preferred Name _____

Date of Birth: ___/___/___ Gender: Male Female
Month Day Year

Marital Status: Single Married Widowed

Anniversary date: ___/___/___

Home Phone: _____

Cell Phone: _____

Preferred Phone: (check one) Home *or* Cell

Primary Email: _____

Employer: _____

Type of work: _____

NEW MEMBER INFORMATION:

METHOD OF JOINING:

Transfer of Membership (Please list name of church & address)

Profession of Faith (unsure of current church membership status or no previous church affiliation)

1st Time Profession of Faith

PREVIOUSLY BAPTIZED yes no

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FOR CHILDREN STILL LIVING IN HOUSEHOLD:

Children's Names	Date of Birth (mm/dd/yy)	Have they been baptized?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE COMPLETE THE BACK OF THIS FORM IF YOU HAVE CHILDREN AWAY AT COLLEGE OR ADULT CHILDREN LIVING AT HOME

Do you or your family have any special needs, circumstances, or concerns?

*Photos from church events will be posted on the church website, in the newsletter and on bulletin boards. Addresses and phone numbers will be used for our database, online directory & printed directory. If you do **NOT** wish to have photos posted or data printed, please indicate in the box below.*

Do **NOT** post individual or family photos or print data on the website, social media newsletter, or bulletin boards.

COLLEGE AGE CHILDREN OR ADULT CHILDREN LIVING AT HOME

CHILD'S NAME: _____ (_____)
Last First Middle Goes By

Date of Birth: ____/____/____ **Male**____ **Female**____ **Cell Phone:** _____
Month Day Year **Email:** _____

School / College attending: _____

Address: _____
Street City State Zip Code

CHILD'S NAME: _____ (_____)
Last First Middle Goes By

Date of Birth: ____/____/____ **Male**____ **Female**____ **Cell Phone:** _____
Month Day Year **Email:** _____

School / College attending: _____

Address: _____
Street City State Zip Code

CHILD'S NAME: _____ (_____)
Last First Middle Goes By

Date of Birth: ____/____/____ **Male**____ **Female**____ **Cell Phone:** _____
Month Day Year **Email:** _____

School / College attending: _____

Address: _____
Street City State Zip Code

CHILD'S NAME: _____ (_____)
Last First Middle Goes By

Date of Birth: ____/____/____ **Male**____ **Female**____ **Cell Phone:** _____
Month Day Year **Email:** _____

School / College attending: _____

Address: _____
Street City State Zip Code