PERSONAL INFORMATION FORM

We would like to keep our records as up to date as possible. Please take one form per family, fill out, and return to the church office.

Adu	ult Info			
Adult Name(s)				
Address:				
City: State:	Ziŗ	ρ:		
Home Phone:				
Adult #1 Cell:	Adult #2 Cell:			
Adult #1 Email:	_ Adult #2 Email:			
Adult #1 Date of Birth:	_ Adult #2 Date of Birth	:		
Would you like to be included in church mailings/emails?	Yes No	(Circle)		
Would you like to receive the monthly newsletter?	Email Version	Paper Version	No	(Circle)
Cl				
	ild #1		_	
Name:		М	F	(Circle)
Date of Birth:				
Email address (if applicable):				
Cell Phone (if applicable):				
			<u> </u>	
Chi	ild #2			
Name:		M	F	(Circle)
Date of Birth:				
Email address (if applicable):				
Cell Phone (if applicable):				
Chi	ild #3			
Name:		M	F	(Circle)
Date of Birth:		Grade _		
Email address (if applicable):				
Cell Phone (if applicable):				

	Child #4			
Name:		М	F	(Circle)
Date of Birth:		Grade _		
Email address (if applicable):				
Cell Phone (if applicable):				
	Child #5			
Name:		М	F	(Circle)
Date of Birth:		Grade _		
Email address (if applicable):				
Cell Phone (if applicable):				
	Child #6			
Name:		M	F	(Circle)
Date of Birth:				(6.1.616)
Email address (if applicable):				
Cell Phone (if applicable):				
	Child #7			
Namo	Child #7	М	_	(Circle)
Name:			F	(Circle)
Date of Birth:		Grade _		
Email address (if applicable): Cell Phone (if applicable):				
Cell Filotie (II applicable).				
	Child #8			
Name:		M	F	(Circle)
Date of Birth:		_		
Email address (if applicable):				
Cell Phone (if applicable):				
Additional Comments:				