

# Database Information Sheet

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