

## Church Data Form

Please fill out the information below so we can have records with accurate information.  
We will not publish all of this information, but need it for the official church record. Thanks for your help.

Date \_\_\_\_\_

Title \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Street \_\_\_\_\_

City State Zip \_\_\_\_\_

\_\_\_\_\_

Preferred Phone \_\_\_\_\_

Home Mobile Work Other (circle one)

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

Marital/Relationship Status (circle one)

Single Married Divorced Widow(er)

Separated Partnered

Allergies

You have my permission to publish the above  
information in this column in the online  
directory.

Signed \_\_\_\_\_

**Birth** Place \_\_\_\_\_

Your Mother \_\_\_\_\_

Full Maiden Name

Your Father \_\_\_\_\_

**Baptism** Date \_\_\_\_\_

Church, City, State of Baptism

\_\_\_\_\_

Sponsors \_\_\_\_\_

\_\_\_\_\_

**Marriage** Date \_\_\_\_\_

Maiden Name \_\_\_\_\_

Spouse's/Partner's Name

\_\_\_\_\_

**Confirmation** Date \_\_\_\_\_

Church, City, State of Confirmation

\_\_\_\_\_

**Employer** \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Extension \_\_\_\_\_

Comments:

Skills/Interests:

If you wish us to have emergency contact names  
and numbers on file for you, please list below.