Church of the Palms United Methodist

Family Information Sheet for Members Date form completed:_____

Mailing address:			
Address of residence (if different than above):			
Seasonal residence (address and phone):			
Family email address:			
Adult family members: (List additional on back.)			
1. First name and middle initial Preferred name			
Birth date Marital status (S, M, W, D)			
Wedding date Baptized (yes/no)			
Cell phone Email			
Date and place of Baptism			
Date and place of Confirmation			
Previous church positions held			
2. First name and middle initial Preferred name			
Birth date Marital status (S, M, W, D)			
Wedding date Baptized (yes/no)	Baptized (yes/no)		
Cell phone Email			
Date and place of Baptism			
Date and place of Confirmation			
Previous church positions held			
Children living in the home: (List additional on back.) School name and grade Date and place	e of Baptism		
List which family members are joining the church. If transferring, please indicate the name and mailing			
the church so we may request the transfer. If not transferring, you will be received by profession of fait			
Member name Transfer (T) or Profession of Faith (P) Former Church - Church mailing add Circle as appropriate	, .		
T/P			
T/P T/P			
T/P			
T/P			

Please complete the reverse side.

Employment of family	members:				
Member name	Field of employment		Current/Last		
Name, address and tele	ephone number of emerge	ncy contacts:			
Names of children not	living in your household:				
Any other information	that you feel would be use	eful or of interest suc	h as hobbies, special skills, personal interests:		
OFFICE USE ONLY:					
Date Received into membership: Date info entered into computer:					
Date Transfer request sent:			By Whom:		

revised Aug. 2015

Date Transfer Certificate received: __