|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **HOUSEHOLD NAME:** | | |  | | | **DATE:** |  |
| **ADDRESS & ZIP:** |  | | | | | | |
| **HOME PHONE\*:** | |  | | **EMAIL\*:** |  | | |

***\*(Will be printed in Emmanuel’s Directory)***

**PERSONAL INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Adult Full Legal Name: |  | Adult Full Legal Name: |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nickname: |  | | | | Nickname: | |  | | | |
| DOB *(mm/dd/yy)*: |  | | | | DOB *(mm/dd/yy)*: | |  | | | |
| Anniversary (if applicable): | | |  | | Anniversary (if applicable): | | |  | | |
| Maiden Name (if applicable): | | | |  | Maiden Name (if applicable): | | | | |  |
| Baptized? *Yes / No? Date*: | |  | | | | Baptized? *Yes / No? Date*: | | |  | |
| Where? *Church, City, State*: | |  | | | | Where? *Church, City, State*: | | |  | |
| Confirmed? *Yes / No? Date / Denomination*: |  | | | | | Confirmed? *Yes / No? Date / Denomination*: |  | | | |
| Where? *Church, City, State*: | |  | | | | Where? *Church, City, State*: | | |  | |
| Employment: |  | | | | | Employment: |  | | | |
| Work Phone\*: |  | | | | | Work Phone\*: |  | | | |
| Work Email: |  | | | | | Work Email: |  | | | |

*\*(May be printed in Directory)*

|  |  |
| --- | --- |
| Please list any emergency contact information: |  |
|  |  |

**CHILDREN:**

|  |  |
| --- | --- |
| **Child 1:** | **Child 2:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Legal Name: |  | | | Full Legal Name: |  | |
| Nickname: |  | | Nickname: | |  | |
| DOB *(mm/dd/yy)*: |  | | DOB *(mm/dd/yy)*: | |  | |
| City / State Born: |  | | | City / State Born: |  | |
| Current School Grade: |  | | | Current School Grade: |  | |
| Baptized? *Yes / No? Date*: | |  | | Baptized? *Yes / No? Date*: | |  |
| Where? *Church, City, State*: | |  | | Where? *Church, City, State*: | |  |
| Confirmed? *Yes / No? Date / Denomination*: |  | | | Confirmed? *Yes / No? Date / Denomination*: |  | |
| Where? *Church, City, State*: | |  | | Where? *Church, City, State*: | |  |
| **Child 3:** | | | | **Child 4:** | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Legal Name: |  | | | Full Legal Name: |  | |
| Nickname: |  | | Nickname: | |  | |
| DOB *(mm/dd/yy)*: |  | | DOB *(mm/dd/yy)*: | |  | |
| City / State Born: |  | | | City / State Born: |  | |
| Current School Grade: |  | | | Current School Grade: |  | |
| Baptized? *Yes / No? Date*: | |  | | Baptized? *Yes / No? Date*: | |  |
| Where? *Church, City, State*: | |  | | Where? *Church, City, State*: | |  |
| Confirmed? *Yes / No? Date / Denomination*: |  | | | Confirmed? *Yes / No? Date / Denomination*: |  | |
| Where? *Church, City, State*: | |  | | Where? *Church, City, State*: | |  |

**Please tell us about any previous church activities in which your family has participated:**

|  |  |
| --- | --- |
| Name & Activities: |  |
| Name & Activities: |  |
| Name & Activities: |  |
| Name & Activities: |  |

**Please indicate below (names) if anyone in your household is interested in any of the following:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Acolytes: | |  | | | | Facilities Management: | | |  | | | | | |
| Altar Guild: | |  | | | | Fellowship Dinners (Wed. nights): | | | | | | | |  |
| Baptism: | |  | | | | MOE (Men of Emmanuel): | | | | |  | | | |
| Bible Study: | |  | | | | Outreach (Missions): | |  | | | | | | |
| Caring Committee: | |  | | | | Parish Family Life Events: | | | |  | | | | |
| Choirs (adult / children: | | | |  | | Reader / Liturgical Participant: | | | | | | |  | |
| Confirmation: |  | | | | | Ushers: |  | | | | | | | |
| Jr. or Sr. High Fellowship: | | | | |  | WOE (Women of Emmanuel): | | | | | |  | | |
| Food Center Volunteer: | | |  | | |

**DO YOU WISH TO BECOME AN OFFICIAL MEMBER OF EMMANUEL? IF YES, PLEASE LIST YOUR MOST RECENT CHURCH MEMBERSHIP, INCLUDING ADDRESS, CITY & STATE:**

|  |
| --- |
|  |
|  |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **For Office Use Only**   |  |  | | --- | --- | | Names: |  |   Write for Letter of Transfer? (circle one): YES NO   |  |  | | --- | --- | | Date Rec’d: |  |  |  |  | | --- | --- | | Date Requested: |  | |