



ST. STEPHEN CHURCH MEMBER INFORMATION FORM

Name: _____
(Last) (First) (Middle/Maiden)

Address: _____
Street (Apartment #) (P. O. Box)

City State Zip Code

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Text me E-mail _____

Social Networks: Twitter _____ Facebook _____ Other _____

Place of Employment _____ Occupation _____

Date of Birth _____ Can you be called at work? NO YES

Gender: Female Male **Marital Status:** Divorced Married (Date) _____ Separated
 Single (never married) Widowed

If you are 17 years of age or younger, are your parents members of St. Stephen Church? NO YES

If yes, your parent(s) name(s): _____

Is anyone in your immediate household a member of St. Stephen Church? NO YES

Member(s)' name: _____

Is anyone in your family a member of St. Stephen Church? NO YES

Member's name and relation: _____

Member's name and relation: _____

Member's name and relation: _____

Member's name and relation: _____

Are you a recovering addict? NO YES

Are you a diabetic? NO YES Do you have heart trouble? NO YES

List any other illness(es) we should know about: _____

In case of an emergency contact: _____

Relation to you: _____ Telephone # _____

When are you available for Bible Study? Wednesday Bible Study Sabbath School Sunday School
 Other _____

List Children in Household		
Name	Birthday	Has child been baptized?
_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

Please Complete the Sections Below

How did you first come in contact with St. Stephen?

How Received:

- Bible Study / Sunday School _____
- Family or Friend _____
- Family Life Center Ministry _____
- Invitation from member _____
- Music Ministry
- Radio Ministry
- Online Broadcast
- Other _____

Date Joined: _____

How Received (Please check one):

- Baptism / Profession of Faith
- Christian Experience
- Pending receipt of letter
- Rededication
- Watch Care

FOR OFFICE USE ONLY

Picture
Date Joined: _____
Envelope #: _____
Date Joined: _____

Date Received: _____
Date Processed: _____
Processed by: _____

Check service in which you joined:

- 7:00 Service (Tuesday PM - Hardin County)
- 6:30 Service (Wednesday PM - Indiana)
- 7:00 Service (Wednesday PM)
- 11:00 Service (Saturday AM)
- 8:00 Service (Sunday AM)
- 9:40 Service (Sunday AM)
- 10:45 Service (Sunday AM - Indiana)
- 11:15 Service (Sunday AM - Dosker Manor)
- 11:30 Service (Sunday AM)
- HARDIN COUNTY Service (Sunday PM)
- 12:00 Service (Wednesday Noon)
- Christian Education
- Other _____

Counseled by: _____ Telephone # _____

Assigned Deacon: _____ Telephone # _____

(Complete **ONLY** if you are joining pending receipt of letter)

Church Name _____

Address _____

City _____ State _____ Zip _____

What activities did you participate in at your former church? _____

THIS SECTION TO BE COMPLETED BY CHURCH OFFICE PERSONNEL

Date Baptized: _____ Minister: _____

Date letter was received: _____

New Church Affiliation: _____

Address: _____

City / State: _____

Reason for leaving: _____

Date letter was requested: _____

Clerk: _____