

PLEASE HELP THE MINISTERS BY FILLING IN ALL THE FOLLOWING INFORMATION:

CENTRAL UNITED FAMILY INFORMATION FORM

Address: _____ Postal Code: _____ Phone: _____

ADULT INFORMATION

1. First Name _____ Last Name _____ Birthdate: _____ dd/mm/yy

Official Member of Central? Yes ___ No ___ or a Member at _____

Occupation: _____ Hobbies/Skills: _____

2. First Name _____ Last Name _____ Birthdate: _____ dd/mm/yy

Official Member of Central? Yes ___ No ___ or a Member at _____

Occupation: _____ Hobbies/Skills: _____

Marital Status: _____ Wedding Anniversary: _____ dd/mm/yy

CHILDREN'S NAME: (Living at home)

1. First Name _____ Last Name _____ Birthdate: _____ dd/mm/yy Where? _____
M/F Birthdate: _____ Baptized _____

2. First Name _____ Last Name _____ Birthdate: _____ dd/mm/yy Where? _____
M/F Birthdate: _____ Baptized _____

3. First Name _____ Last Name _____ Birthdate: _____ dd/mm/yy Where? _____
M/F Birthdate: _____ Baptized _____

4. First Name _____ Last Name _____ Birthdate: _____ dd/mm/yy Where? _____
M/F Birthdate: _____ Baptized _____

Did you receive a phone call or visit this past year from?

the Minister(s) _____ Central visitor _____ Other _____

Would you like a personal visit from a church member or a Minister? Yes ___ No ___

Comments/Concerns: _____