

Beautiful Savior, Antioch — Membership Information Form

Please take your time to provide the most complete answers. However, leave blank that information which you do not know or simply is not available. Children age 18 or older, who are members of Beautiful Savior, are to complete their own Family Group Information Sheet.

Family Last Name: _____

Family Mailing Address: _____

Family Physical Address (if different): _____

City: _____ State: _____ Zip Code: _____

Primary Family Phone Number: _____ Make Available to Congregation: Yes: ___ No: ___

Primary Family Email Address: _____ Make Available to Congregation: Yes: ___ No: ___

Head of Household # 1

Maiden Name if Applicable: _____

First Name: _____ Middle Name: _____

Date of Birth: _____ Place of Birth (city & state): _____

Date of Baptism: _____ Place Baptism (church, city & state): _____

Date of Confirmation: _____ Place of Confirmation (church, city & state): _____

Mobile Number: _____ Make Available to Congregation: Yes: ___ No: ___ Work Number: _____

Personal Email: _____

Occupation: _____

Place of Work/School: _____

Membership Type (all that apply): Voting Member ___ Communicant Member ___ Baptized Member ___ Friend of Congregation ___

Date of Beautiful Savior Membership (Month/Year): _____

Head of Household #2

Maiden Name if Applicable: _____

First Name: _____ Middle Name: _____

Date of Birth: _____ Place of Birth (city & state): _____

Date of Baptism: _____ Place Baptism (church, city & state): _____

Date of Confirmation: _____ Place of Confirmation (church, city & state): _____

Mobile Number: _____ Make Available to Congregation: Yes: ___ No: ___ Work Number: _____

Personal Email: _____

Occupation: _____

Place of Work/School: _____

Membership Type (all that apply): Voting Member ___ Communicant Member ___ Baptized Member ___ Friend of Congregation ___

Date of Beautiful Savior Membership (Month/Year): _____

If Married

Marriage Date: _____ Place of Marriage (church and/or city & state): _____

Minor Child #1 (Children 17 or Younger Living at Home) If in School, School District Attending: _____

First Name: _____ Middle Name: _____

Date of Birth: _____ Place of Birth (city & state): _____

Father's Name: _____ Mother's Name: _____

Date of Baptism: _____ Place Baptism (church, city & state): _____

Date of Confirmation: _____ Place of Confirmation (church, city & state): _____

Cell Number: _____ Personal Email: _____

Parent/Guardian permission to use photos in church publications/website - Please Initial: Yes: _____ No: _____

Membership Type (all that apply): Voting Member ___ Communicant Member ___ Baptized Member ___ Friend of Congregation ___

Minor Child #2 (Children 17 or Younger Living at Home) If in School, School District Attending: _____

First Name: _____ Middle Name: _____

Date of Birth: _____ Place of Birth (city & state): _____

Father's Name: _____ Mother's Name: _____

Date of Baptism: _____ Place Baptism (church, city & state): _____

Date of Confirmation: _____ Place of Confirmation (church, city & state): _____

Cell Number: _____ Personal Email: _____

Parent/Guardian permission to use photos in church publications/website - Please Initial: Yes: _____ No: _____

Membership Type (all that apply): Voting Member _____ Communicant Member _____ Baptized Member _____ Friend of Congregation _____

Minor Child #3 (Children 17 or Younger Living at Home) If in School, School District Attending: _____

First Name: _____ Middle Name: _____

Date of Birth: _____ Place of Birth (city & state): _____

Father's Name: _____ Mother's Name: _____

Date of Baptism: _____ Place Baptism (church, city & state): _____

Date of Confirmation: _____ Place of Confirmation (church, city & state): _____

Cell Number: _____ Personal Email: _____

Parent/Guardian permission to use photos in church publications/website - Please Initial: Yes: _____ No: _____

Membership Type (all that apply): Voting Member _____ Communicant Member _____ Baptized Member _____ Friend of Congregation _____

Minor Child #4 (Children 17 or Younger Living at Home) If in School, School District Attending: _____

First Name: _____ Middle Name: _____

Date of Birth: _____ Place of Birth (city & state): _____

Father's Name: _____ Mother's Name: _____

Date of Baptism: _____ Place Baptism (church, city & state): _____

Date of Confirmation: _____ Place of Confirmation (church, city & state): _____

Cell Number: _____ Personal Email: _____

Parent/Guardian permission to use photos in church publications/website - Please Initial: Yes: _____ No: _____

Membership Type (all that apply): Voting Member _____ Communicant Member _____ Baptized Member _____ Friend of Congregation _____

Additional Information the Church Office May Want to Know:

Membership Transfer

If you are completing this Family Group Information Form to begin a formal transfer/release from another congregation, please provide the following information.

Name of Church from which you are transferring from? _____ - _____

Church Address: _____

Name of Pastor (if known): _____

Are all the individuals on this Family Information Form transferring? _____ If not, please explain: _____

