



For office use only:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Elder Follow Up:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Never Married ☐ Divorced ☐ Widow/Widower

Spouse's Name: \_\_\_\_\_ Anniversary: \_\_\_\_\_

Company/Occupation/School: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Would you like to have your name and address in our church directory? ☐ Yes ☐ No

Are you a veteran or currently serving in the military? ☐ Yes ☐ No

Have you been baptized by immersion in order to receive the forgiveness of sins and gift of the Holy Spirit?

Yes ☐ No ☐

If YES (approximate date): \_\_\_\_\_ Location: \_\_\_\_\_

If NO: ☐ I want to be baptized.

☐ I want more information about baptism as my next step.

I gladly and willingly submit to the guidance and leadership of the Elders of Memorial Church of Christ.

☐ YES

☐ NO

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Area of expertise: \_\_\_\_\_

Languages spoken: \_\_\_\_\_ Blood Type: \_\_\_\_\_

CHILDREN/TEENS LIVING AT THE SAME ADDRESS WHO WILL ATTEND MEMORIAL CHURCH OF CHRIST

Name: \_\_\_\_\_ Gender: Male Female  
☐ ☐

Date of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Relationship: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Relationship: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Relationship: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Relationship: \_\_\_\_\_ School/Grade: \_\_\_\_\_

## SERVICES, CLASSES AND REACH GROUPS

Which Sunday Worship will you normally attend? ☐ 8:20 a.m. ☐ 10:30 a.m. ☐ 6:00 pm

Which Sunday School class will you attend? \_\_\_\_\_

Would you like to join a small group? \_\_\_\_\_

## CHURCH BACKGROUND

☐ Transferring from another Church of Christ. Which one? \_\_\_\_\_

☐ Unchurched for 10 years or longer.

☐ Returning to Church of Christ after an absence. Last church home: \_\_\_\_\_

☐ Transferring from a different religious group. Which one? \_\_\_\_\_

How did you hear of Memorial, and what brought you here today? \_\_\_\_\_

☐ Came with a friend ☐ Print Ad or Internet search ☐ Live Nearby ☐ Friendship School

☐ Came with a relative ☐ Always known about Memorial ☐ I grew up here ☐ Returning after being away

☐ Other: \_\_\_\_\_

## MEMORIAL MINISTRIES

What ministries attracted you to Memorial?

☐ Children's Ministry ☐ Youth Ministry ☐ Women's Ministry ☐ Men's Ministry ☐ Chinese Ministry

☐ Urban Ministries ☐ World Missions ☐ Small Groups ☐ Adult Sunday School ☐ Wednesday Classes

☐ Preaching ☐ Sunday Morning Worship ☐ Worship On Wednesdays (WOW)

Other: \_\_\_\_\_ In what ministries would you be interested in serving? \_\_\_\_\_



## EMERGENCY CONTACT (Not Living In Household)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Accomplishments that make you unique: \_\_\_\_\_