

# Christ Church Anglican Personal Information Form

*Please complete one per family and return to the Church Office.*

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

First / Middle / Last Name: \_\_\_\_\_

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

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

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

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

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

Baptized:  No  Yes Date: \_\_\_\_\_ Denomination: \_\_\_\_\_

Confirmed:  No  Yes Date: \_\_\_\_\_ Denomination: \_\_\_\_\_

## Spouse

Spouse First / Middle / Last Name: \_\_\_\_\_

Spouse Cell Phone: \_\_\_\_\_

Spouse Email Address: \_\_\_\_\_

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

Baptized:  No  Yes Date: \_\_\_\_\_ Denomination: \_\_\_\_\_

Confirmed:  No  Yes Date: \_\_\_\_\_ Denomination: \_\_\_\_\_

## Children

First / Middle / Last Name:	Date of birth:	Baptized?	Confirmed?	Denomination?
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Dates: \_\_\_\_\_

_____	_____	_____	_____	_____
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Dates: \_\_\_\_\_

_____	_____	_____	_____	_____
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Dates: \_\_\_\_\_

_____	_____	_____	_____	_____
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Dates: \_\_\_\_\_

Would you like to receive parish-wide email blasts?  Yes  No

Check here if you DO NOT want your contact information listed in the directory.