

FAMILY DATA INFORMATION FORM

Please provide information on you and your family for our records and for the Church Directory (published yearly). Provide the completed form to the Pastor or a Deacon.

FAMILY/HOME DATA

Family Mailing Name _____

Number and Street _____

City, State, Zip Code _____

Home Phone Number _____ Cell Number _____

FAMILY MEMBER DATA

First name _____ Preferred first name _____ M.I. ____ Last _____

Family relation _____ Gender _____ *Active Status Reason (ASR) _____

Marital Status _____ Marriage Date (if applicable) _____

Birth Date _____ Baptism Date _____ Confirmation Date _____

Primary Cell Number _____ Other Cell Number _____

Primary Email Address _____ Other Email _____

First name _____ Preferred first name _____ M.I. ____ Last _____

Family relation _____ Gender _____ *Active Status Reason (ASR) _____

Marital Status _____ Marriage Date (if applicable) _____

Birth Date _____ Baptism Date _____ Confirmation Date _____

Primary Cell Number _____ Other Cell Number _____

Primary Email Address _____ Other Email _____

First name _____ Preferred first name _____ M.I. ____ Last _____

Family relation _____ Gender _____ *Active Status Reason (ASR) _____

Marital Status _____ Marriage Date (if applicable) _____

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Marital Status _____ Marriage Date (if applicable) _____
Birth Date _____ Baptism Date _____ Confirmation Date _____
Primary Cell Number _____ Other Cell Number _____
Primary Email Address _____ Other Email _____

Feel free to provide other additional data, restrictions on use of the data, or any comments/questions:

Thank You!

***OFFICE USE ONLY (Pastor/Deacon)**

(FDIF-OL 8.12.25)