

Please fill out one form for each individual.

3400 Michigan Ave., Cincinnati OH 45208

MEMBER INFORMATION FORM – KNOX PRESBYTERIAN CHURCH

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Please furnish complete information; it is entered in permanent records.

Date: _____

Full Legal Name:

Last Name: _____ First Name: _____ Middle Name: _____

Salutation: (Circle One) Mr. Mrs. Miss Ms. Dr. Rev. Maiden Name: _____

Preferred Name: _____ Spouse's Name: _____

Street Address: _____ City/State: _____ Zip: _____

Telephone: Home _____ Work _____ E-mail _____
Fax: _____

Sex: M or F Birth Date: ____/____/____ Marital Status (circle): Married Partnered Single Widowed

If Married, Date of Marriage: _____

Employer/School: _____

Occupation/Vocation: _____

Baptized: (Yes/No) Date/Year of Baptism: _____ Name of Church: _____

What attracted you to Knox? _____

Were you a member of your previous church? (Yes/No)

Name & City of Previous Church (if any): _____

Are you ordained Presbyterian officer? Elder (Yes/No) Deacon (Yes/No)

<u>Name of Church Where Ordained</u>	<u>City</u>	<u>State</u>	<u>Year</u>
_____	_____	_____	_____

Were you active in your previous church within (Circle one):
(1) the last year (2) the last five years (3) the last ten years

Pastoral Care: If the need arises, what is the name of the closest relative or friend we should contact on your behalf?

Name: _____ Relationship: _____

Address: _____ Telephone: _____ E-mail: _____

Do you have any relatives here at Knox? _____ If yes, please list: _____

*** OVER ***

Names of Children Living at Home
(First/Middle/Last)

Birth Dates
Day/Mo/Yr.

Baptized
Date

Where
Baptized

Grade & School

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***** FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE *****

Uniting By: Confession of Faith: _____ Reaffirmation of Faith: _____ Letter of Transfer _____

Membership Date: ____ / ____ / ____ Membership No. _____ Envelope No.

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