



This information is for church office use only unless you give us permission to include you/your family in the church directory. If you want to be in the directory but wish to keep a phone number or email address confidential, please check the "Unlisted" box next to that information.

DO YOU WANT TO BE INCLUDED IN THE CHURCH DIRECTORY? Yes No

TODAY'S DATE: _____

	Head of Household	Spouse
Title: (circle one)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name: (first/last)		
Preferred Name:		
Birthday:	____/____/____ (birth year will be kept confidential)	____/____/____ (birth year will be kept confidential)
Address:		
City, State, Zip		
Home Phone	Unlisted <input type="checkbox"/>	Unlisted <input type="checkbox"/>
Cell Phone	Unlisted <input type="checkbox"/>	Unlisted <input type="checkbox"/>
Receive Text messages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email	Unlisted <input type="checkbox"/>	Unlisted <input type="checkbox"/>
Other	Unlisted <input type="checkbox"/>	Unlisted <input type="checkbox"/>
Marital Status	Wedding Date: ____/____/____	Wedding Date: ____/____/____
Holy Ghost:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date (if known): ____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date (if known): ____
Baptized:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date (if known): ____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date (if known): ____



(CHILDREN 19 OR OLDER SHOULD FILL OUT THEIR OWN FORM AND WILL BE LISTED SEPARATELY IN THE DIRECTORY)

	CHILD 1	CHILD 2	CHILD 3
First Name:			
Last Name (if different):			
Address (if different)			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthday:	___/___/___	___/___/___	___/___/___
Holy Ghost:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Baptized:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Email:	Unlisted <input type="checkbox"/>	Unlisted <input type="checkbox"/>	Unlisted <input type="checkbox"/>
Cell Phone:	Unlisted <input type="checkbox"/>	Unlisted <input type="checkbox"/>	Unlisted <input type="checkbox"/>
Receive Text Messages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies:			

	CHILD 4	CHILD 5	CHILD 6
First Name:			
Last Name (if different):			
Address (if different):			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthday:	___/___/___	___/___/___	___/___/___
Holy Ghost:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Baptized:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Email:	Unlisted <input type="checkbox"/>	Unlisted <input type="checkbox"/>	Unlisted <input type="checkbox"/>
Cell Phone:		Unlisted <input type="checkbox"/>	Unlisted <input type="checkbox"/>
Receive Text messages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies:			



**THE
PENTECOSTALS**
OF HAYWARD

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