

Light of Christ Parishioner Information

Date: _____

Member:

Spouse:

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Middle Name: _____

Middle Name: _____

Goes By: _____

Goes By: _____

Title: _____ Suffix: _____

Title: _____ Suffix: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

*In the TLC Directory, please **do not publish:***

Home Phone Work Phone Cell Phone Email

Home Phone Work Phone Cell Phone Email

Emergency Contact Person: _____

Emergency Contact Person: _____

Emergency Contact Number: _____

Emergency Contact Number: _____

Gender: Male Female

Gender: Male Female

Marital Status: Married Divorced Widowed

Marital Status: Married Divorced Widowed

Single Separated Other

Single Separated Other

Date of Birth: _____

Date of Birth: _____

Date of Marriage: _____

Date of Marriage: _____

Date of Baptism: _____

Date of Baptism: _____

Baptized at: _____

Baptized at: _____

Date of Confirmation: _____

Date of Confirmation: _____

Confirmed at: _____

Confirmed at: _____

Date Joined TLC: _____

Date Joined TLC: _____

Joined by: Acceptance Baptism Confirmation

Joined by: Acceptance Baptism Confirmation

Letter of Transfer Reaffirmation

Letter of Transfer Reaffirmation

Other _____

Other _____

Never Formally Joined but Attended Regularly

Never Formally Joined but Attended Regularly

Contributions: Single Combined w/Spouse

Contributions: Single Combined w/Spouse

Usually Attend: 8:30 Service Sunday School

Usually Attend: 8:30 Service Sunday School

10:45 Service

10:45 Service

Interest/Hobbies: _____

Interest/Hobbies: _____

Home Address & Phone:

Street Address: _____

City, State, Zip Code _____

Home Phone: _____

Mailing Address if Different:

Street Address: _____

City, State, Zip Code _____