

Light of Christ Parishioner Information

Date: _____

Member:

Last Name: _____
First Name: _____
Middle Name: _____
Goes By: _____
Title: _____ Suffix: _____
Work Phone: _____
Cell Phone: _____

*In the TLC Directory, please **do not publish:***

Home Phone Work Phone Cell Phone Email

Emergency Contact Person: _____

Emergency Contact Number: _____

Gender: Male Female

Marital Status: Married Divorced Widowed
 Single Separated Other

Date of Birth: _____

Date of Marriage: _____

Date of Baptism: _____

Baptized at: _____

Date of Confirmation: _____

Confirmed at: _____

Date Joined TLC: _____

Joined by: Acceptance Baptism Confirmation
 Letter of Transfer Reaffirmation
 Other _____
 Never Formally Joined but Attended Regularly

Contributions: Single Combined w/Spouse

Usually Attend: 8:30 Service Sunday School
 10:45 Service

Interest/Hobbies: _____

Spouse:

Last Name: _____
First Name: _____
Middle Name: _____
Goes By: _____
Title: _____ Suffix: _____
Work Phone: _____
Cell Phone: _____

*In the TLC Directory, please **do not publish:***

Home Phone Work Phone Cell Phone Email

Emergency Contact Person: _____

Emergency Contact Number: _____

Gender: Male Female

Marital Status: Married Divorced Widowed
 Single Separated Other

Date of Birth: _____

Date of Marriage: _____

Date of Baptism: _____

Baptized at: _____

Date of Confirmation: _____

Confirmed at: _____

Date Joined TLC: _____

Joined by: Acceptance Baptism Confirmation
 Letter of Transfer Reaffirmation
 Other _____
 Never Formally Joined but Attended Regularly

Contributions: Single Combined w/Spouse

Usually Attend: 8:30 Service Sunday School
 10:45 Service

Interest/Hobbies: _____

Home Address & Phone:

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____

Mailing Address if Different:

Street Address: _____

City, State, Zip Code: _____

Children Living With You

Name: _____ Male Female Date of Birth _____ Date of Baptism _____
 Baptized at: _____ Confirmation Date _____ Confirmed at: _____

Name: _____ Male Female Date of Birth _____ Date of Baptism _____
 Baptized at: _____ Confirmation Date _____ Confirmed at: _____

Name: _____ Male Female Date of Birth _____ Date of Baptism _____
 Baptized at: _____ Confirmation Date _____ Confirmed at: _____

Name: _____ Male Female Date of Birth _____ Date of Baptism _____
 Baptized at: _____ Confirmation Date _____ Confirmed at: _____

Servanthood (Please check all that apply)

Ministry	<u>I Presently serve</u>	<u>I have experience</u>	<u>I would like to serve</u>
Acolyte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chalice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Altar Guild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greeters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ushers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prayer Minister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prayer Chain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healing Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastoral Care Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Groups/Bible Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A/V Tech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VBS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>