

WELCOME TO FIRST UNITED METHODIST CHURCH OF PORT ORANGE!

In order that we might get to know our church family, we would ask **each person** or family joining to complete the following questionnaire.

Date joining_____	Service time_____
Env. #_____	Entered into SK_____

1. Household Information

Mailing Label_____

Address _____
Street City State Zip

Summer Address (if applicable)_____

Dates at summer address: From _____ to _____

Home Telephone Number_____

Work number: _____ E-mail address: _____

*** Primary or Head of Household- Name**_____

Occupation_____

Date of Birth___/___/___ Marital Status S M D W Wedding Date ___/___/___

Date of Baptism___/___/___ Spouse's name_____

I will be received by Profession of Faith_____ Transfer of Membership_____

from: Name of Church_____

Address _____

Pastor _____

*** Secondary Household- Name**_____

Occupation_____

Date of Birth___/___/___ Marital Status S M D W Wedding Date ___/___/___

Date of Baptism___/___/___ Spouse's name_____

I will be received by Profession of Faith_____ Transfer of Membership_____

From: Name of Church_____

Address _____

Pastor _____

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2. Tell us about your family. Children living at home.

Grade in School _____

Date of Birth _____ / ____ / ____
Date of Baptism _____ / ____ / ____
Date of Confirmation _____ / ____ / ____

Grade in School _____

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Date of Baptism _____ / ____ / ____
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In case of an emergency, please notify _____

(Relationship) _____ telephone _____