

KENOVA UMC- PERSONAL INFORMATION
PLEASE PRINT AND COMPLETE A SEPARATE FORM FOR EACH FAMILY MEMBER

HOUSEHOLD NAME: _____

MARRIAGE ANNIVERSARY DATE (MM/DD/YR) ____/____/____

Title	First Name	Middle Name	Last Name	Suffix	Gender	Birthdate MM/DD/YY

ADDRESS: Street _____ (PO Box) _____

City _____ State _____ Zip Code _____

PHONE: Home (____) _____ - _____ Cell (____) _____ - _____

E-MAIL: _____@_____.

OCCUPATION _____ PLACE OF EMPLOYMENT or _____

SCHOOL & GRADE or YEAR LEVEL _____

I PARTICIPATE IN:

- Boy Scouts Cub Scouts Girl Scouts Chancel Choir Hand Bell Choir Golden Chords Kids Own Worship Noah's Ark W.I.L.D. Elementary Group (Wed) Nursery (Sunday) Share Group Bible Study (Wed.) Pastor's Bible Study (Wed.) Sunday School Class _____ UM Men UM Women UM Youth Fellowship 8:30 Worship (Sun) 11:00 Worship (Sun) Small Group Bible Studies _____

I HELP OR WOULD LIKE TO HELP WITH:

- Backpack Food Ministry Caring and Sharing Meals Bereavement Meals Vac. Bible School Christmas Needy Ministry Shoebox Ministry Receptionist/Office Help Acolyte Ushers Greeters Communion Steward Communion Server Altar Guild Sound/Projection Liturgist Prayer Chain / Email List Nursery Helper Noah's Ark Helper Kid's Own Worship Helper Youth Helper Visitor Center Music _____