

SAN MARINO COMMUNITY CHURCH

MEMBER INFORMATION



Mr. Mrs. Miss Ms. Dr. First Name _____ Last Name _____

Middle Name _____ Preferred Nickname _____ Gender _____

Address _____

City _____ Zip _____ Home Phone (____) _____

E-mail Address _____ Cell/Work Phone (____) _____

Date of Birth (needed for PC(USA) statistics) _____ City/State of Birth _____

Marital Status: Single Married Widowed Separated Divorced

Wedding Date _____ Maiden Name _____

Spouse's Full Name _____ Preferred Name _____

Ethnicity: Asian Black Hispanic Native American White Other

Have you been baptized? No _____ Yes _____ When _____

Where _____ Denomination _____

Ordination Status Elder When _____ Where _____

Deacon When _____ Where _____

Current Occupation _____

Place of Employment _____ or Name of School _____

Work Phone (____) _____ Current Grade in School _____

Emergency Contact Person _____

Phone Number (____) _____ Relationship _____

Who do you already know attending SMCC? _____

I will be joining San Marino Community Church in one of the following ways:

PROFESSION OF FAITH - I have never formally joined a church. _____

REAFFIRMATION OF FAITH - I was once an active member of (church name) _____

CERTIFICATE OF TRANSFER - Please request a certificate of transfer of my current membership from:

Name of Church _____

Church Address _____

Name under which you were known _____

Signature _____ Date _____

CHILDREN RESIDING AT HOME

Please list names and dates of birth of all children still living at home (including your college students). Please indicate any special needs of your children to which we can respond.

First Name _____ Middle Name _____ Nickname _____
Last Name (if different) _____ Gender _____
City/State of Birth _____ Date of Birth _____
Baptism Date _____ Denomination _____
School _____ Grade in School _____

First Name _____ Middle Name _____ Nickname _____
Last Name (if different) _____ Gender _____
City/State of Birth _____ Date of Birth _____
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Last Name (if different) _____ Gender _____
City/State of Birth _____ Date of Birth _____
Baptism Date _____ Denomination _____
School _____ Grade in School _____

CHILDREN NOT RESIDING AT HOME

Name _____
Address _____
City _____ State _____ Zip _____

Name _____
Address _____
City _____ State _____ Zip _____

Please return forms to the Church Office - 1750 Virginia Road, San Marino, CA 91108