



Raintree Christian Church

Family Information

**Please fill out the following information about your family.
Please turn this completed information form in before you leave. Thank you.**

Head of Household

Placing Membership at Raintree

Last Name: _____ First: _____ Middle: _____

Circle: Adult College Youth ***** Male Female ***** Single Married Widowed Divorced

Address: _____ City/State: _____ Zip: _____

Phones: Home: _____ Cell: _____ Work: _____

E-mail: _____ Fax: _____

Occupation/Workplace: _____

Date of Birth mm/dd/yyyy: _____ Date of Marriage: _____

Date of Baptism: _____ By Immersion Y N Date of Raintree membership: _____

Who should we notify in case of emergency? Name/Phone _____

If transferring membership, name & address of former church: _____

Spouse

Placing Membership at Raintree

Last Name: _____ First: _____ Middle: _____

Circle: Adult College Youth ***** Male Female ***** Single Married Widowed Divorced

Phones: Cell: _____ Work: _____

E-mail: _____ Fax: _____

Occupation/Workplace: _____

Date of Birth mm/dd/yyyy: _____ Date of Marriage: _____

Date of Baptism: _____ By Immersion Y N Date of Raintree membership: _____

Who should we notify in case of emergency? Name/Phone _____

If transferring membership, name & address of former church (if different from above): _____

Please complete information for children on the reverse side.

Please list all offspring living in your household and any children living with another parent but attending Raintree with you. Attach additional sheet if needed.

Child

Placing Membership at Raintree

Last Name: _____ First: _____ Middle: _____

Circle: College Teen Child **** Male Female

Age: _____ Date of Birth mm/dd/yyyy: _____

School: _____ Grade: _____

Date of Baptism: _____ By Immersion Y N Date of Raintree membership: _____

Phone: Cell: _____ E-mail: _____

Allergies: _____

Who should we notify in case of emergency? Name/Phone _____

Child

Placing Membership at Raintree

Last Name: _____ First: _____ Middle: _____

Circle: College Teen Child **** Male Female

Age: _____ Date of Birth mm/dd/yyyy: _____

School: _____ Grade: _____

Date of Baptism: _____ By Immersion Y N Date of Raintree membership: _____

Phone: Cell: _____ E-mail: _____

Allergies: _____

Who should we notify in case of emergency? Name/Phone _____

Child

Placing Membership at Raintree

Last Name: _____ First: _____ Middle: _____

Circle: College Teen Child **** Male Female

Age: _____ Date of Birth mm/dd/yyyy: _____

School: _____ Grade: _____

Date of Baptism: _____ By Immersion Y N Date of Raintree membership: _____

Phone: Cell: _____ E-mail: _____

Allergies: _____

Who should we notify in case of emergency? Name/Phone _____