HOUSEHOLD PERSONAL PROFILE

Given Name			
Preferred Name			
Address			
Phone			
Adult: Yes No Gender			
Birthdate:	Baptism Date:		
Date Joined:	Marriage Date:		
Spouses Name:			
Adult: Yes No Gender	r: Male () Female ()		
Birthdate:	Baptism Date:		
Date Joined:	Marriage Date:		
Email:			
Email:			
Email:			
MINOR CHILD'S NAME	BIRTH DATE	BAPTISM DATE	
			
Emergency Contact/Phone:			

Have you taken: Alpha Course O Christianity Explored Experiencing God Bible Study O			
Have you gone through Via de Cristo retreat? Yes O No O			
Do you meet with a 2417 Small Group? Yes O No O			
Do you have any allergies or medical conditions we should be aware of?			
Do you have any special skills, talents or services that you would like to share with the church?			
Any additional information:			