



SHILOH BAPTIST CHURCH - FAMILY DATA REQUEST FORM

740 W. Locust Street, York PA, 17401 – Phone: 717-854-2547

"A Church Determined to Know Christ in Excellence"

Dr. Larry T. Walthour II, Senior Pastor

Date Prepared _____

PERTAINING TO THE HEAD OF THE HOUSEHOLD

Dr. ____ Mr. ____ Mrs. ____ Name: _____
 Ms. ____ Miss ____ (____) _____
 e-mail address: _____
 Street Address: _____
 City _____ State _____ Zip _____
 Sex: Male ____ Female ____ Home Phone: _____ Business Phone _____
 Date of Birth: _____ Marital Status: Single ____ Married ____ Divorced ____ Widowed ____
 Date Joined Church: _____ Previous Church Affiliation: _____
 Employed by and/or School Attending: _____
 Occupation/Position _____
 High School Graduate? _____ College: None ____ Some ____ Graduate ____ Degree(s) _____

PERTAINING TO SPOUSE OR RELATIVE LIVING WITH YOU

Dr. ____ Mr. ____ Mrs. ____ Name: _____
 Ms. ____ Miss ____ (____) _____
 e-mail address: _____
 Street Address: _____
 City _____ State _____ Zip _____
 Sex: Male ____ Female ____ Home Phone: _____ Business Phone _____
 Date of Birth: _____ Marital Status: Single ____ Married ____ Divorced ____ Widowed ____
 Date Joined Church: _____ Previous Church Affiliation: _____
 Employed by and/or School Attending: _____
 Occupation/Position _____
 High School Graduate? _____ College: None ____ Some ____ Graduate ____ Degree(s) _____

OTHER INFORMATION

	<u>Head of Household</u>	<u>Spouse/Relative</u>
<u>Hobbies</u>	_____	_____
	_____	_____
	_____	_____

1. Name: Last _____ First _____ M.I. _____ Nickname _____
 Date of Birth: _____ Sex: Male _____ Female _____
 Employed by and/or School Attending: _____
 (Please give address if this child is attending college)
 Education: Grade 1 – 12) _____ Graduate? _____ College (1 – 4) _____ Degree(s) _____
2. Name: Last _____ First _____ M.I. _____ Nickname _____
 Date of Birth: _____ Sex: Male _____ Female _____
 Employed by and/or School Attending: _____
 (Please give address if this child is attending college)
 Education: Grade 1 – 12) _____ Graduate? _____ College (1 – 4) _____ Degree(s) _____
3. Name: Last _____ First _____ M.I. _____ Nickname _____
 Date of Birth: _____ Sex: Male _____ Female _____
 Employed by and/or School Attending: _____
 (Please give address if this child is attending college)
 Education: Grade 1 – 12) _____ Graduate? _____ College (1 – 4) _____ Degree(s) _____
4. Name: Last _____ First _____ M.I. _____ Nickname _____
 Date of Birth: _____ Sex: Male _____ Female _____
 Employed by and/or School Attending: _____
 (Please give address if this child is attending college)
 Education: Grade 1 – 12) _____ Graduate? _____ College (1 – 4) _____ Degree(s) _____

FOR OFFICE USE ONLY

Date Family Data Request Received _____

Date Entered Into Membership System _____ Assigned Membership No. _____

Entered By _____

Spiritual Gifts (if known)

Wedding Anniversary Date (if applicable) _____ / _____ / _____

Other Interesting Comments: _____

