

First Presbyterian Church, Irwin
New Member Information Sheet

NAME _____ **BIRTH DATE:** _____
FIRST NAME MIDDLE NAME/INITIAL LAST NAME

ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE: _____ **IS THE NUMBER UNLISTED?** YES ___ NO ___

IF **UNLISTED**, DO YOU ALLOW IT TO BE PUBLISHED IN THE CHURCH DIRECTORY? YES ___ No ___

HAVE YOU BEEN PREVIOUSLY BAPTIZED? YES ___ NO ___

SINGLE ___ MARRIED ___ DIVORCED ___ WIDOW/WIDOWER ___ ARE YOU RETIRED? YES ___ NO ___

IF **MARRIED FEMALE**, PLEASE INCLUDE MAIDEN NAME: _____

PLEASE LIST RELATIVES WHO ARE PRESENTLY MEMBERS OF FIRST PRESBYTERIAN CHURCH OF IRWIN:

CHILDREN:

NAME: _____ **BIRTH DATE:** _____
BAPTIZED? YES ___ NO ___ **GRADE IN SCHOOL** _____
PLEASE ENROLL MY CHILD IN THE 9:30 AM SUNDAY SCHOOL _____

NAME: _____ **BIRTH DATE:** _____
BAPTIZED? YES ___ NO ___ **GRADE IN SCHOOL** _____
PLEASE ENROLL IN THE 9:30 AM SUNDAY SCHOOL _____

NAME: _____ **BIRTH DATE:** _____
BAPTIZED? YES ___ NO ___ **GRADE IN SCHOOL** _____
PLEASE ENROLL MY CHILD IN THE 9:30 AM SUNDAY SCHOOL _____

NAME: _____ **BIRTH DATE:** _____
BAPTIZED? YES ___ NO ___ **GRADE IN SCHOOL** _____
PLEASE ENROLL MY CHILD IN THE 9:30 AM SUNDAY SCHOOL _____

I WILL JOIN BY: BAPTISM AND PROFESSION OF FAITH ___ **HAVE YOU BEEN BAPTIZED?** YES ___ NO ___
PROFESSION OF FAITH _____
REAFFIRMATION OF FAITH _____
*LETTER OF TRANSFER _____

*IF LETTER OF TRANSFER IS NEEDED, PLEASE PROVIDE NAME OF PASTOR AND NAME AND ADDRESS OF CHURCH:

TO BE COMPLETED BY OFFICE: VILLAGE _____ FRIENDLY VISITOR _____