

# New Member Questionnaire

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Baptism date: \_\_\_\_\_ Where: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_

Name of Spouse/Partner: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Wedding Anniversary (if applicable): \_\_\_\_\_

Where were you married: \_\_\_\_\_

Occupation: \_\_\_\_\_

Things I like to do: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Children (Names, birthdates, baptism dates if known, school grade level) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Address of last church in which you held membership:

\_\_\_\_\_