

# First Christian Church (Disciples of Christ)

## Official Membership Record

Please place in the offering, turn into the church office, or mail to 520 CY Avenue, Casper, WY 82601.

Name(s): \_\_\_\_\_ Text  
 \_\_\_\_\_ Text

Date Joining: \_\_\_\_\_

By Means of: \_\_\_\_\_ Text First time confessional of Faith (Date of Baptism: \_\_\_\_\_ Text )  
 \_\_\_\_\_ Text Renewal of Faith  
 \_\_\_\_\_ Text Transfer of Membership - From what congregation? \_\_\_\_\_ Text

\_\_\_\_\_ Text  
 \_\_\_\_\_ Text  
 \_\_\_\_\_ Text

(Please include name of congregation, denomination, city and state, and address if known.)

Family's Last Name: \_\_\_\_\_ Text Home phone: \_\_\_\_\_ Text

Home Address: \_\_\_\_\_ Text  
 City: \_\_\_\_\_ Text State: \_\_\_\_\_ Text Zip: \_\_\_\_\_ Text

Mailing Address \_\_\_\_\_ Text  
 (if different): \_\_\_\_\_ Text  
 City: \_\_\_\_\_ Text State: \_\_\_\_\_ Text Zip: \_\_\_\_\_ Text

Husband's First Name: \_\_\_\_\_ Text Nick Name: \_\_\_\_\_ Text

Occupation, \_\_\_\_\_ Text  
 Place of Business, \_\_\_\_\_ Text  
 and Phone: \_\_\_\_\_ Text

Cell Phone: \_\_\_\_\_ Text Email: \_\_\_\_\_ Text

Date of Birth: \_\_\_\_\_ Text

Anniversary Date: \_\_\_\_\_ Text Baptism Date: \_\_\_\_\_ Text

Wife's First Name: \_\_\_\_\_ Text Nick Name: \_\_\_\_\_ Text

Occupation, \_\_\_\_\_ Text  
 Place of Business, \_\_\_\_\_ Text  
 & Phone: \_\_\_\_\_ Text

Cell Phone: \_\_\_\_\_ Text Email: \_\_\_\_\_ Text

Date of Birth: \_\_\_\_\_ Text

Anniversary Date: \_\_\_\_\_ Text Baptism Date: \_\_\_\_\_ Text

**Children/Youth at Home:**

Name	Date of Birth	Baptism Date	Grade Level	School	Cell	Email

For Youth/Family Members away at college, serving in the military, working out of state:

Please include name, date of birth, address, phone number; name of school and chosen major; branch of service and rank; or other employee and baptism date.

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