

## ***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): \_\_\_\_\_

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

By Means of: \_\_\_\_\_ First time confessional of Faith (Date of Baptism: \_\_\_\_\_ )

\_\_\_\_\_ Renewal of Faith

\_\_\_\_\_ Transfer of Membership - From what congregation? \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address \_\_\_\_\_

(if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Occupation, \_\_\_\_\_

Place of Business, \_\_\_\_\_

and Phone: \_\_\_\_\_

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

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

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

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

Occupation, \_\_\_\_\_

Place of Business, \_\_\_\_\_

& Phone: \_\_\_\_\_

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

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

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

**Children/Youth at Home:**

<u>Name</u>	<u>Date of Birth</u>	<u>Baptism Date</u>	<u>Grade Level</u>	<u>School</u>	<u>Cell</u>	<u>Email</u>

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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