

First Christian Church (Disciples of Christ)

Official Membership Record

Please place in the offering, turn in to the church office or mail 520 CY Ave. 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 of church 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 & 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> |
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For Youth/Family Members away at college, serving in the military, or 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.

