

AUBURN SEVENTH-DAY ADVENTIST CHURCH

New Member Statistical Form

Please fill out and return to the church office. Thank you!

Date_____

FULL NAME

First	Middle or Maiden	Last	Date of Birth (M/D/Y)
Occupation_____ Employer_____ Work Phone_____			
Home Phone_____ Cell Phone_____ Email_____			
Baptismal Date (M/D/Y)_____ Place of Baptism_____ Baptized by_____			
Language Spoken_____ Marriage Date (M/D/Y)_____ Gender: M. F. Marital Status: S. M. D. W.			

SPOUSE'S FULL NAME

First	Middle or Maiden	Last	Date of Birth (M/D/Y)
Occupation_____ Employer_____ Work Phone_____			
Home Phone_____ Cell Phone_____ Email_____			
Baptismal Date (M/D/Y)_____ Place of Baptism_____ Baptized by_____			
Language Spoken_____ Marriage Date (M/D/Y)_____ Gender: M. F. Marital Status: S. M. D. W.			

HOME ADDRESS

Residence _____

Street Address	City	State	Zip Code
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Mailing Address _____

(If different)

Street Address	City	State	Zip Code
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EMERGENCY CONTACT INFO

Name_____ Relationship_____ Contact Number_____

If you have children living at home please fill out the back side ->



CHILD FULL NAME

First	Middle	Last	Date of Birth (M/D/Y)
Baptismal Date (M/D/Y)_____ Place of Baptism_____ Baptized by_____			
School Attending_____ Type of School: SDA Public/Other (<i>Circle one</i>)			
Grade_____ Gender: Male Female (<i>Circle one</i>)			

CHILD FULL NAME

First	Middle	Last	Date of Birth (M/D/Y)
Baptismal Date (M/D/Y)_____ Place of Baptism_____ Baptized by_____			
School Attending_____ Type of School: SDA Public/Other (<i>Circle one</i>)			
Grade_____ Gender: Male Female (<i>Circle one</i>)			

CHILD FULL NAME

First	Middle	Last	Date of Birth (M/D/Y)
Baptismal Date (M/D/Y)_____ Place of Baptism_____ Baptized by_____			
School Attending_____ Type of School: SDA Public/Other (<i>Circle one</i>)			
Grade_____ Gender: Male Female (<i>Circle one</i>)			

CHILD FULL NAME

First	Middle	Last	Date of Birth (M/D/Y)
Baptismal Date (M/D/Y)_____ Place of Baptism_____ Baptized by_____			
School Attending_____ Type of School: SDA Public/Other (<i>Circle one</i>)			
Grade_____ Gender: Male Female (<i>Circle one</i>)			

CHILD FULL NAME

First	Middle	Last	Date of Birth (M/D/Y)
Baptismal Date (M/D/Y)_____ Place of Baptism_____ Baptized by_____			
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