

Gainesville First United Methodist Church
Family Information Form - 2011



Please Print!

*Below you will find all fields that are in our current database.
Please fill out the applicable information. (For Church Use Only)*

Head of Household

Last Name: _____ Suffix: _____ (Jr. Sr., etc)
First Name: _____ Title: _____
Middle Name: _____ Goes By Name: _____
Address: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Personal Email: _____

Personal Information:

Date of Birth: ___ / ___ / ___ (month/day/year)
Marital Status: _____ Date of Anniversary: ___ / ___ / ___ (month/day/year)
Occupation: _____ Business Number: _____
Business Email: _____ Fax Number: _____
Handicaps: _____ Allergies: _____
Blood Donor: Yes/No Blood Type: _____ Race: _____

Spouse:

Last Name: _____ Suffix: _____ (Jr. Sr., etc)
First Name: _____ Title: _____
Middle of Maiden Name: _____ Goes By Name: _____
Address: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Personal Email: _____

Personal Information:

Date of Birth: ___ / ___ / ___ (month/day/year)
Occupation: _____ Business Number: _____
Business Email: _____ Fax Number: _____
Handicaps: _____ Allergies: _____
Blood Donor: Yes / No Blood Type: _____ Race: _____

Child/Youth Information (Living At Home)

1. Full Name: _____ **Goes By:** _____

Date of Birth: ____ / ____ / ____ (month/day/year) Grade: _____

Baptismal Date: ____ / ____ / ____ Confirmation Date: ____ / ____ / ____

Handicaps: _____ Allergies: _____

Race: _____ Email: _____

2. Full Name: _____ **Goes By:** _____

Date of Birth: ____ / ____ / ____ (month/day/year) Grade: _____

Baptismal Date: ____ / ____ / ____ Confirmation Date: ____ / ____ / ____

Handicaps: _____ Allergies: _____

Race: _____ Email: _____

3. Full Name: _____ **Goes By:** _____

Date of Birth: ____ / ____ / ____ (month/day/year) Grade: _____

Baptismal Date: ____ / ____ / ____ Confirmation Date: ____ / ____ / ____

Handicaps: _____ Allergies: _____

Race: _____ Email: _____

Family Connections: Other family members that are currently connected of have been
Connected with GFUMC—Please list them below with contact information.

*Such as parents, brother & sisters, grown children etc. **not** living with you.*

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Member: Yes / No Relationship to you: _____

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Member: Yes / No Relationship to you: _____