

Gainesville First United Methodist Church
Family Information Form – 2006



Please Print!

Below you will find all the fields that are in our current database.

Please fill out all the applicable information.

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: _____
Occupation: _____ Business Number: _____
Business Email: _____ Fax Number: _____
Handicaps: _____ Allergies: _____
Blood Donor: Yes / No Blood Type: _____

Spouse:

Last Name: _____ Suffix: _____
First Name: _____ Title: _____
Middle or Maiden Name: _____ Goes By Name: _____
Cell Phone: _____
Personal Email: _____

Personal Information:

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

Additional information on Children and other family members on back...

Child/Youth Information (Living At Home)

1. Full Name: _____ Goes By: _____

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

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

Handicaps: _____ Allergies: _____

Email: _____

2. Full Name: _____ Goes By: _____

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

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

Handicaps: _____ Allergies: _____

Email: _____

3. Full Name: _____ Goes By: _____

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

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

Handicaps: _____ Allergies: _____

Email: _____

4. Full Name: _____ Goes By: _____

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

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

Handicaps: _____ Allergies: _____

Email: _____

Family Connections: Other family members that are currently connected or 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: _____ Home Phone: _____

Email: _____

Member: Yes / No Relationship to you _____

Name: _____

Current Address: _____

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

Email: _____

Member: Yes / No Relationship to you _____

(If you have additional information or need more space, please feel free to add an additional sheet of paper.)

Thanks!