

MILLVILLE CHURCH OF THE NAZARENE

Church Data Update

(Revised January 2010)

Title: Mr. Mrs. Miss. Ms. Rev. Dr. (please circle one)

Name: _____

Birthday: Month _____ Day _____ Year _____

Address: _____

Phone #: (Home) _____ (Cell) _____

Work Phone # _____ E-mail _____

Occupation _____ Employer: _____

College/Technical Training _____

Marital Status: Please circle one: Single, Single Parent, Married, Divorced, Widowed

Wedding Anniversary: Month _____ Day _____ Year _____

Children: Please list- Name(s), Birthdates (M/D/Y), Church Member: Y/N, Baptized Y/N

Do you attend Sunday School? _____ If so, which class _____

Member: _____ yes _____ no Membership date _____

Baptized: _____ yes _____ no Date _____

Please list any classes or groups that you are currently involved in:

What are your interests or hobbies?

What skills, giftedness or talents do you have that you would like to share if a need arises?