

Morrisville United Methodist Church
501 W. Maple Avenue
Morrisville, PA 19067

Member # _____
Envelope # _____
(to be completed by the office)

MEMBER INFORMATION SHEET

Please Print

Last Name: _____

First Name: _____

Preferred Name: _____

Street Address: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____ (Month/Date/Year)

Gender: MALE FEMALE

Marital Status: (Circle One) Single Married Divorced Widowed Separated

If married, please provide date: _____

Name of Spouse/Partner: _____

Spouse/Partner Email Address: _____

Spouse/Partner Cell Phone: _____

Spouse/Partner Date of Birth: _____

Children(s) Name: Birthdate Date of Baptism Date

Children(s) Name:	Birthdate	Date of Baptism Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Name: _____ Phone: _____

(OVER)→→→→

Occupation: _____ Work Phone: _____

Tell us a little bit about yourself so we can introduce you to our congregation. _____

Are you transferring from another congregation? Yes or No

Name and address of previous church: _____

What are your gifts, hobbies, and interests? _____

Do you give us permission to post your picture on social media?

Yes or No