



**Fairfield Missionary Baptist Church  
MEMBER INFORMATION FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Marital Status:  Single  Married (wedding date) \_\_\_\_\_  Divorced  Widow

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

How did you join Fairfield?  Christian Experience  Baptism  United (CLCC)

**\*If minor\* Parent/s Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Spouse: \_\_\_\_\_ DOB \_\_\_\_\_

Member of Fairfield Baptist  Yes  No  Baptism  Christian Experience

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAMILY INFORMATION**

CHILDREN (MINOR)	M/F	DATE OF BIRTH	FAIRFIELD MEMBER YES OR NO	
			HOW - BAPTISM OR	CHRISTIAN EXP

**Please return to church clerk**