

**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

***If minor* Parent/s Name:** _____

Phone: _____

Spouse: _____ DOB _____

Member of Fairfield Baptist Yes No

Signature: _____ Date: _____

FAMILY INFORMATION

CHILDREN	DATE OF BIRTH	MEMBER YES OR NO

Please return to church clerk