



Fairfield Missionary Baptist Church

MEMBER INFORMATION FORM

(Please return to basket at the guest service desk or email to fairfieldmbc@gmail.com)

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Marital Status: Single Married Divorced Widowed

Family Information

Name of Spouse: _____

Attends Fairfield Does not attend Fairfield

Minor children (18 years of age and under)

Child's Name	Date of Birth	Baptized Yes or No