

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

# “FAMILY PROFILE 2010”

PLEASE PRINT

## HEAD OF HOUSEHOLD INFORMATION:

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

Physical Address: \_\_\_\_\_

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

Mailing Address (if different than above): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_  Unlisted

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email Address: \_\_\_\_\_

Note: Contribution Statements are sent via email.

Marital Status:  Single  Married  Widowed

## CONTRIBUTION SETUP:

Should contributions made by head of household/spouse be combined into one statement?  Yes  No

## SPOUSE INFORMATION:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## FAMILY MEMBERS (CHILDREN AT HOME):

Please list child's last name if different from Head of Household.

Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade: \_\_\_\_\_ Allergies/Special Needs: \_\_\_\_\_

Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade: \_\_\_\_\_ Allergies/Special Needs: \_\_\_\_\_

Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade: \_\_\_\_\_ Allergies/Special Needs: \_\_\_\_\_

Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade: \_\_\_\_\_ Allergies/Special Needs: \_\_\_\_\_

Which service do you attend?  9 AM  11 AM

*Information disclosed on this form is considered confidential and is not released to the public.*