

CHRIST OUR ANCHOR CHURCH MEMBER INFORMATION FORM

PLEASE PRINT LEGIBLY

EACH ACTIVE MEMBER FILLS OUT OWN FORM

Last Name	First	Middle	Preferred Name
Address		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Other	
		Marriage Date	Spouse or Partner Name
City	Date of Birth	Baptism Date	
State / Zip	Your Occupation		
Employer:			
Confirmation Date		Previous Faith Tradition/Denomination	
Date Joined COA Church		How Joined: <input type="checkbox"/> Profession of Faith <input type="checkbox"/> Reaffirmation of Faith <input type="checkbox"/> Transfer Letter <input type="checkbox"/> Confirmation	
Race: <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other _____		Physical Challenges: <input type="checkbox"/> Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Mobility <input type="checkbox"/> Other	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Family Position <input type="checkbox"/> Adult Head of Household <input type="checkbox"/> Adult Child (18+/Living at Home) <input type="checkbox"/> Child	
Have you ever been ordained? If yes, check below.		Service Time Prefers to Attend: <input type="checkbox"/> 9:30 a.m. <input type="checkbox"/> 11 a.m.	
<input type="checkbox"/> Elder <input type="checkbox"/> Deacon <input type="checkbox"/> Clergy		Church:	
Ordination Date:			
TELEPHONE		E-MAIL ADDRESS	
Check if phone number is not to be printed in church directory.		Check if e-mail is not to be printed in church directory.	
<input type="checkbox"/> Home		<input type="checkbox"/> Home	
<input type="checkbox"/> Work		<input type="checkbox"/> Work	
<input type="checkbox"/> Cell		<input type="checkbox"/> Other	

What Is Your Current Involvement at COA Church?

What additional activities would you like to see begin at COA Church?

What Is Your Current Involvement in the Community? What are your talents and interests that you might share?

EMERGENCY CONTACT INFORMATION: Closest Family Members, Adult Children or Friends to Contact in an Emergency

Name	Relationship	Phone	E-mail	City/State

Children at Home/College CHILD 1 CHILD 2 CHILD 3
(Only one parent needs to fill this out)

Full Name			
Date of Birth			
Male or Female			
Email Address			
Cell Phone			
Baptism Date			
Church Where Baptized			
Confirmation Date			
Current School			
Current Grade			
High School Graduation Date			

(More Children at Home/College Space on Page 3)

Children at Home/College	CHILD 4	CHILD 5	CHILD 6
(Only one parent needs to fill this out)			
Full Name			
Date of Birth			
Male or Female			
Email Address			
Cell Phone			
Baptism Date			
Church Where Baptized			
Confirmation Date			
Current School			
Current Grade			
High School Graduation Date			

Thank You for Completing This Information!
Return to Stacie Cochran-McNeal, Office Assistant
Christ Our Anchor Presbyterian Church
1281 Green Holly Drive
Annapolis, MD 21409
410-974-1713