



Much of this information is needed for the parish register of the congregation, a historical document kept with the congregation in perpetuity, often used for genealogical purposes. Please complete this information as best as possible.

Join Hands • Touch Hearts • Change Lives

Date: _____ Last Name: _____

Full name of person joining: _____ Relationship: _____

Full name of person joining: _____ Relationship: _____

Full name of person joining: _____ Relationship: _____

Full name of person joining: _____ Relationship: _____

Full name of person joining: _____ Relationship: _____

Full name of person joining: _____ Relationship: _____

Full name of person joining: _____ Relationship: _____
: _____

Full name of person joining: _____ Relationship: _____

Mailing Address: _____

Family Phone Number: _____ Family Email: _____

Transferring membership? YES NO

If transferring, please provide the following:

Church Name: _____

Pastor's Name: _____

Church Address: _____

Do you give COL permission to print your contact information in our Member Directory? YES NO

Individual Information

Adult Male: _____ Nickname: _____
(if applicable)

Personal Email: _____ Work Email: _____

Work Number: _____ Cellular: _____

Birthday: _____ County/State of Birth: _____

Mother's Full Name: _____

Father's Full Name: _____

Marital Status: _____ Date of Marriage: _____ Profession: _____
(if applicable)

Baptism: _____ Church Name/Location: _____
(date)

Confirmation: _____ Church Name/Location: _____
(date)

First Communion: _____ Church Name/Location: _____
(date)

During our programs and events, photos and/or videos may be taken of you or your child. If you give us your consent, these images may be used in Cross of Life publications, both in print and online. Please answer all four of the options below by initialing in the space provided. Photos used on the web or other church publications will not list the names of participants under 18. This permission will remain valid unless terminated by the signer.

Please **INITIAL** in the space provided to indicate your permission for each type of media.
Place an "X" in the space if you do not wish to give permission.

_____ **Cross of Life Publications** such as the newsletter (emailed to our mailing list and printed for a few members who don't use email), church brochure, the Information Station (slat wall opposite mailboxes), etc.

_____ **Cross of Life Website** (public)

_____ **Cross of Life Facebook Group** (MEMBERS ONLY can view)

_____ **Cross of Life Facebook Page** (PUBLIC can view)

Signature 18 and over: _____ Date: _____

Signature of parent/guardian if under 18: _____ Date: _____

Individual Information

Adult Female: _____ Nickname: _____
(if applicable)

Personal Email: _____ Work Email: _____

Work Number: _____ Cellular: _____

Birthday: _____ County/State of Birth: _____

Mother's Full Name: _____

Father's Full Name: _____

Marital Status: _____ Date of Marriage: _____ Profession: _____
(if applicable)

Baptism: _____ Church Name/Location: _____
(date)

Confirmation: _____ Church Name/Location: _____
(date)

First Communion: _____ Church Name/Location: _____
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Signature 18 and over: _____ Date: _____

Signature of parent/guardian if under 18: _____ Date: _____

Individual Information

Child: _____ Nickname: _____
(if applicable) (Please include full name)

Birthday: _____ County/State of Birth: _____

Birth Mother's Full Name: _____

Birth Father's Full Name: _____

Baptized? Yes No

If yes, date: _____ Church Name/Location: _____

Received First Communion? Yes No

If yes, date: _____ Church Name/Location: _____

Confirmation? Yes No

If yes, date: _____ Church Name/Location: _____

School: _____ Grade: _____

Interests/Hobbies: _____

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(if applicable) (Please include full name)

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Birth Mother's Full Name: _____

Birth Father's Full Name: _____

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