



Personal Information Form

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Do we have permission to publish your name & number in our church directory?

YES NO

Birth Date _____

Marital Status _____ Anniversary Date (if applicable) _____

Spouse's Name _____ Spouse's Birth Date _____
(if not attending this class)

Names and birth date(s) of child(ren) _____

Names and birth dates of others living with you _____

Church Background _____

Are you presently a member of another congregation? YES NO

Have you been baptized? YES NO

How did you find out about Grace PCA Church? _____

I have attended and/or listened to the CD's of all of the Grace Connection Classes.