



## HCC MEMBER INFORMATION

### PERSONAL FAMILY INFORMATION

Please include the year with all requested information.  
You may return this form to Pastor Jon or Kathy in the church office.

TODAY'S DATE: \_\_\_\_\_

### YOUR INFORMATION

Full Name: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Anniversary (MM/DD/YY): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Are you currently a member at another church? YES NO

Name of Church: \_\_\_\_\_

Have you been baptized? YES NO

Date of baptism: \_\_\_\_\_

Have you made profession of faith? YES NO

Date of profession: \_\_\_\_\_

### SPOUSE'S INFORMATION

Full Name: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Anniversary (MM/DD/YY): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Are you currently a member at another church? YES NO

Name of Church: \_\_\_\_\_

Have you been baptized? YES NO

Date of baptism: \_\_\_\_\_

Have you made confession of faith? YES NO

Date of confession: \_\_\_\_\_

## DEPENDENT CHILDREN (if they live at home)

**Full Name:** \_\_\_\_\_

**Date of Birth (MM/DD/YY):** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Baptized?** YES NO

**Date of baptism:** \_\_\_\_\_

**Profession of faith?** YES NO

**Date of profession:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Date of Birth (MM/DD/YY):** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Baptized?** YES NO

**Date of baptism:** \_\_\_\_\_

**Profession of faith?** YES NO

**Date of profession:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Date of Birth (MM/DD/YY):** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Baptized?** YES NO

**Date of baptism:** \_\_\_\_\_

**Profession of faith?** YES NO

**Date of profession:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Date of Birth (MM/DD/YY):** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Baptized?** YES NO

**Date of baptism:** \_\_\_\_\_

**Profession of faith?** YES NO

**Date of profession:** \_\_\_\_\_