



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: _____

Address: _____

City, State and ZIP: _____

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 living 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: _____