

# INFORMATION UPDATE

## PLEASE PRINT

Date \_\_\_\_\_ Worship Services/ campuses you attend \_\_\_\_\_

### Head of Household

FULL Legal Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt/Unit No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Alternate Address \_\_\_\_\_ Dates \_\_\_\_\_

Email \_\_\_\_\_

Household Phone \_\_\_\_\_  unlisted Cell Phone \_\_\_\_\_  unlisted

Work Phone \_\_\_\_\_ ext. \_\_\_\_\_  unlisted

Birth Date (MM/DD/YYYY) \_\_\_\_\_ Gender \_\_\_\_\_ Male \_\_\_\_\_ Female

Baptism Date/ Place \_\_\_\_\_ Confirmation Date/Place \_\_\_\_\_

Marital Status \_\_\_\_\_ Married Wedding date \_\_\_\_\_ Maiden Name \_\_\_\_\_

\_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single

Employer \_\_\_\_\_ OR School \_\_\_\_\_

Occupation \_\_\_\_\_ OR Grade \_\_\_\_\_

Hobbies and Special Interests \_\_\_\_\_

Special Health Considerations/Allergies \_\_\_\_\_

(Someone at a different address, preferably)

Household Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Do you have relatives who are LCM members? Who? Relationship? \_\_\_\_\_

## PLEASE PRINT

### Spouse/Significant Other

FULL Legal Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt/Unit No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Alternate Address \_\_\_\_\_ Dates \_\_\_\_\_

Email \_\_\_\_\_

Household Phone \_\_\_\_\_  unlisted Cell Phone \_\_\_\_\_  unlisted

Work Phone \_\_\_\_\_ ext. \_\_\_\_\_  unlisted

Birth Date (MM/DD/YYYY) \_\_\_\_\_ Gender \_\_\_\_\_ Male \_\_\_\_\_ Female

Baptism Date/ Place \_\_\_\_\_ Confirmation Date/Place \_\_\_\_\_

Marital Status \_\_\_\_\_ Married Wedding date \_\_\_\_\_ Maiden Name \_\_\_\_\_

\_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single

Employer \_\_\_\_\_ OR School \_\_\_\_\_

Occupation \_\_\_\_\_ OR Grade \_\_\_\_\_

Hobbies/Special Interests \_\_\_\_\_

Special Health Considerations/Allergies \_\_\_\_\_

## ADDITIONAL HOUSEHOLD MEMBERS

**PLEASE PRINT**

FULL Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Birth Date (MM/DD/YYYY) \_\_\_\_\_ Gender \_\_ Male \_\_ Female  
Baptism Date/Place \_\_\_\_\_ Confirmation Date/Place \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Special Health Considerations/Allergies \_\_\_\_\_  
Interests/Activities \_\_\_\_\_  
Email \_\_\_\_\_ Cell phone \_\_\_\_\_

FULL Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Birth Date (MM/DD/YYYY) \_\_\_\_\_ Gender \_\_ Male \_\_ Female  
Baptism Date/Place \_\_\_\_\_ Confirmation Date/Place \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Special Health Considerations/Allergies \_\_\_\_\_  
Interests/Activities \_\_\_\_\_  
Email \_\_\_\_\_ Cell phone \_\_\_\_\_

FULL Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Birth Date (MM/DD/YYYY) \_\_\_\_\_ Gender \_\_ Male \_\_ Female  
Baptism Date/Place \_\_\_\_\_ Confirmation Date/Place \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Special Health Considerations/Allergies \_\_\_\_\_  
Interests/Activities \_\_\_\_\_  
Email \_\_\_\_\_ Cell phone \_\_\_\_\_

FULL Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Birth Date (MM/DD/YYYY) \_\_\_\_\_ Gender \_\_ Male \_\_ Female  
Baptism Date/Place \_\_\_\_\_ Confirmation Date/Place \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Special Health Considerations/Allergies \_\_\_\_\_  
Interests/Activities \_\_\_\_\_  
Email \_\_\_\_\_ Cell phone \_\_\_\_\_

FULL Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Birth Date (MM/DD/YYYY) \_\_\_\_\_ Gender \_\_ Male \_\_ Female  
Baptism Date/Place \_\_\_\_\_ Confirmation Date/Place \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Special Health Considerations/Allergies \_\_\_\_\_  
Interests/Activities \_\_\_\_\_  
Email \_\_\_\_\_ Cell phone \_\_\_\_\_