



Community of Christ

Data Collection/Input Form

New Information Updated Information Transfer to _____

Required Global File Information

Default address, should be where mail is delivered

Last Name (including suffix, i.e., Jr., II, III, etc.)		First and Middle Name		Main/Home Phone () -	
Main/Home Street Address (or P.O. Box)		City	State	Postal Code (ZIP)	Country
Family Alternate Address		City	State	Postal Code (ZIP)	Country
Birthdate MM/DD/YYYY	Gender	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Salutation	Mail Status

Required Membership Information

Enter required Life Events on other side

Relationship to Congregation: <input type="checkbox"/> Member <input type="checkbox"/> Friend <input type="checkbox"/> Miscellaneous	Baptismal Number (if known)
Name of Congregation: _____	

Recommended Global File Information

Business Address		City	State	Postal Code (ZIP)	Country
Temporary Address (summer, winter, college)		City	State	Postal Code (ZIP)	Country
Business Phone () -	Fax () -	Email Address			
Relationships: Is this person the Head of the House? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, who is the Head of the House? Full Name:	Spouse's Name	Child's Name	Child's Name	

Building Relationships: Head of House is the family member to whom all other members are connected

Relationship to Head of House: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Profiles (See user guide for more information)
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Recommended Membership Information

Envelope #	Pledge with Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Organizations (See user guide for more information)
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Optional Information

Previous Address		City	State	Postal Code (ZIP)	Country
Cellular Number () -	Pager Number () -	Web Address			
Employer	Position	Occupation			

Other Relationships: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Non-Custodial Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Child	Name: _____
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Other Information for entry in Memo field

Maiden Name:	Memo —This is a searchable field. Include any additional information that does not have a specific field.
Place of Birth:	

REQUIRED LIFE EVENTS

Sacramental and Personal Events

Baby Blessing	Date Performed MM/DD/YYYY	Officiant	Location (city and state)	Notes
		Assisting	Congregation Enrolled	
Baptism	Date Performed MM/DD/YYYY	Officiant	Location (city and state)	Notes
			Congregation Enrolled	
Confirmation	Date Performed MM/DD/YYYY	Officiant	Location (city and state)	Notes
		Assisting	Congregation Enrolled	
Marriage	Date Performed MM/DD/YYYY	Officiant	Location (city and state)	Notes
			Congregation Enrolled	
Ordination	Date Performed MM/DD/YYYY	Officiant	Location (city and state)	Notes
		Assisting	Congregation Enrolled	
Divorce	Date Final MM/DD/YYYY	Location: City	State	Notes
Death	Date MM/DD/YYYY	Location: City	State	Notes