



## THE APOSTOLIC CHURCH-GHANA

### CHILDREN DATA FORM

(0 yrs to 12 yrs)

Local:  District:  Area:

#### PERSONAL PARTICULARS

Full Name:

Gender: Male ☐ Female ☐ Date of Birth:

Place of Birth:  Hometown:

Digital Address:  House No:  Street Name:

Landmark  Parent/Guardian a Church Member: Yes ☐ No ☐

Name of Parent or Guardian:

Contact of Parent/Guardian:



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