# Member Information Form

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| 1. Title | - |
| 2. Firstname | Millicent |
| 3. Middlename | - |
| 4. Lastname | Ocloo |
| 5. Dateofbirth | - |
| 6. Age | - |
| 7. Gender | Female |
| 8. Phonenumber | 0592634014 |
| 9. Email | - |
| 10. Nationality | - |
| 11. Hometown | - |
| 12. Homeaddress | Kordiabe |
| 13. Workingstatus | - |
| 14. Occupation | - |
| 15. Qualification | - |
| 16. Institutionname | - |
| 17. Mothersname | - |
| 18. Fathersname | - |
| 19. Nextofkin | - |
| 20. Nextofkinphonenumber | - |
| 21. Maritalstatus | - |
| 22. Spousecontact | - |
| 23. Spousename | - |
| 24. Numberofchildren | - |
| 25. Membertype | - |
| 26. Cell | - |
| 27. Departmentname | - |
| 28. Datejoined | - |
| 29. Classselection | - |
| 30. Spiritualgift | - |
| 31. Position | - |
| 32. Waterbaptised | - |
| 33. Baptisedby | - |
| 34. Datebaptised | - |
| 35. Baptisedbytheholyspirit | - |
| 36. Memberstatus | - |
| 37. Datedeceased | - |
| 38. Dateburied | - |
| 39. Confirmed | - |
| 40. Dateconfirmed | - |
| 41. Comment | - |