1. Name:

First: Middle: Surname

2. Gender Male Female

3. Date of Birth: National ID No:

4. Contacts:

Post Office Box: Code: County:

Physical Address:

Home Telephone: Cell Phone:

Email Address:

5. Occupation/Profession:

6. Membership Card Holder:  **Yes** **No** Year Joined: Membership No:

7. Name of Previous Church:

8. Sacramental Information: Baptized Confirmed Communicant.

9. Marital status: Single Married Others

10. Spouse’s

i. Name:

First: Middle: Surname

ii. Date of Birth: National ID No:

iii. Contacts:

Post Office Box: Code: County:

Physical Address:

Home Telephone: Cell Phone:

Email Address:

iv. Occupation/Profession:

v. Membership Card Holder:  **Yes** **No** Year Joined: Membership No:

vi. Sacramental Information: Baptized Confirmed Communicant.

11. Children/Other family member information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship** | **Age** | **Church Member?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

12. Next of Kin: Name ID No: Phone:

13. FREE WILL OFFERING

Kindly declare your monthly free will offering:

In figures

In words

*“I can do all things through Christ who strengthens me” Philippians 4:30*

14. If you or any member of your family wish to serve or participate in any church ministry (e.g Ushering, Choir, Praise and worship, Sunday school, side men/women, Pastor) kindly indicate below:

Date: Signature

**PLEASE RETURN THIS FORM TO THE VICAR’S OFFICE.**