

Leroy Community Chapel

Family Information



Family Information:

Family Name: _____

Address: _____

Phone #: _____

Family Email: _____

Individual Information

Head of Household

First Name: _____ Middle: _____

Last Name: _____

Regular Attendee: _____ Member: _____

Gender: _____ Birth Date: _____

Marital Status: _____ Anniversary Date: _____

Employer: _____ Occupation: _____

Work Phone: _____

Special Needs: _____

Spouse:

First Name: _____ Middle: _____

Last Name: _____

Regular Attendee: _____ Member: _____

Gender: _____ Birth Date: _____

Employer: _____ Occupation: _____

Work Phone: _____

Special Needs: _____

Children:

Name: _____

Date of Birth: _____

School Grade: _____ School: _____

Special Needs: _____

Name: _____

Date of Birth: _____

School Grade: _____ School: _____

Special Needs: _____

Name: _____

Date of Birth: _____

School Grade: _____ School: _____

Special Needs: _____

Church Directory

- Please include this information in the directory.
- I would like my information kept private. Do not include in the directory.

I Would Like More Info On:

- How to begin a relationship with Jesus Christ
- How to grow in my faith
- Life Groups
- What this local church believes
- How you can serve at LCC
- The ministries of this church
- Other: _____