

# Family Data Sheet

## Family Information

Family Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

### INSTRUCTIONS:

We are updating our computer records with current information. Please complete all information on each person living in your household even if they are not members of the church. Your assistance is appreciated.

## Father / Male of the House

Full Name: \_\_\_\_\_  
 Member of BBC?  Yes  No    How Joined:  Letter  Statement  Baptism  
 Baptized (after salvation)?  Yes  No  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Anniversary Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Please check off ministry areas below in which you are interested in serving.

Sunday School Teacher:  Preschool  Children  Youth  Adults

Music:  Children's Choir  Adult Choir  Instrument \_\_\_\_\_

### Ministry Opportunities:

- |   |                                     |   |  |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> AWANA                                    | <input type="checkbox"/> Youth      | <input type="checkbox"/> Nursery            | <input type="checkbox"/> Children's Church     |
| <input type="checkbox"/> Greeter                                  | <input type="checkbox"/> Usher      | <input type="checkbox"/> Baptism            | <input type="checkbox"/> Bible Study Leader    |
| <input type="checkbox"/> Flowers                                  | <input type="checkbox"/> Decorating | <input type="checkbox"/> Brotherhood        | <input type="checkbox"/> Outreach/Visitation   |
| <input type="checkbox"/> Finance                                  | <input type="checkbox"/> Personnel  | <input type="checkbox"/> Building & Grounds | <input type="checkbox"/> Website Management    |
| <input type="checkbox"/> Library                                  | <input type="checkbox"/> Shut-Ins   | <input type="checkbox"/> Transportation     | <input type="checkbox"/> Sound System/Computer |
| <input type="checkbox"/> Sub as needed for Sunday School Teachers |                                     |   |  |

## Mother / Female of the House

Full Name: \_\_\_\_\_  
 Member of BBC?  Yes  No    How Joined:  Letter  Statement  Baptism  
 Baptized (after salvation)?  Yes  No  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Anniversary Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Sunday School Teacher:  Preschool  Children  Youth  Adults

Music:  Children's Choir  Adult Choir  Instrument \_\_\_\_\_

### Ministry Opportunities:

- |   |                                    |   |  |
|---|------------------------------------|---|--|
| <input type="checkbox"/> AWANA                                    | <input type="checkbox"/> Youth     | <input type="checkbox"/> Nursery            | <input type="checkbox"/> Children's Church     |
| <input type="checkbox"/> Greeter                                  | <input type="checkbox"/> WMU       | <input type="checkbox"/> Baptism            | <input type="checkbox"/> Bible Study Leader    |
| <input type="checkbox"/> Flowers                                  | <input type="checkbox"/> Hostess   | <input type="checkbox"/> Decorating         | <input type="checkbox"/> Outreach / Visitation |
| <input type="checkbox"/> Finance                                  | <input type="checkbox"/> Personnel | <input type="checkbox"/> Building & Grounds | <input type="checkbox"/> Website Management    |
| <input type="checkbox"/> Library                                  | <input type="checkbox"/> Shut-Ins  | <input type="checkbox"/> Transportation     | <input type="checkbox"/> Sound System/Computer |
| <input type="checkbox"/> Sub as needed for Sunday School Teachers |                                    |   |  |

## Children Living In The Home

Full Name: _____	Email: _____	DOB: ____/____/____	Member of BBC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name: _____	Email: _____	DOB: ____/____/____	Member of BBC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name: _____	Email: _____	DOB: ____/____/____	Member of BBC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name: _____	Email: _____	DOB: ____/____/____	Member of BBC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name: _____	Email: _____	DOB: ____/____/____	Member of BBC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No