Please complete and return this form to Topsail United Church at your earliest convenience so we may update your file. You may drop this form at the Church Office, place it in the collection plate during worship, or mail it in. Thanks for your cooperation.

Topsail United Church "The Church by the Side of the Road" Member/ Family Information Form

Home Address		
Street	Town/City	Postal Code
Home phone number		
Adult 1		
Full Name		
Maiden Name, if applicable	aptism Date/Place	
Confirmed (V/N) if yes give year	Church (if not Topsail)	
	rred your Membership to Topsail United Chu	
 If you have <u>not yet</u> transferred you join Topsail United Church? 	ur Membership or you were <u>not</u> confirmed, v 	what year did you
Work Phone E-mail	Mobile Phone	
Adult 2		
Maiden Name, if applicable		
Date of Birth B	aptism Date/Place	
 If Confirmed and you have transfe you transfer membership to Topsa 	ur Membership or you were <u>not</u> confirmed, v	ırch, what year did
Work Phone	Mobile Phone	
E-mail		
<u>Children under 18</u>		
1	Date of Birth	
	Baptism Date/Place	
-	Confirmation Date/Place	
2	Date of Birth	
	Baptism Date/Place	
_	Confirmation Date/Place	
3	Date of Birth	
	Baptism Date/Place	
	Confirmation Date/Place	
4	Date of Birth	
	Baptism Date/Place	
	Confirmation Date/Place	
OFFICE USE ONLY Envelope Number	Pre-2001 Number	
Confirmed Member		
	Contacted	

_____ Welcomed _

Received _____ Entered _