

# REDEEMED CHRISTIAN CHURCH OF CHURCH FAMILY INFORMATION

*(To be completed by person's aged 16 and above)*

Today's Date: -----  
Month Day Year

Name of Respondent: -----  
Family Name First Name Middle Initial

Mailing address: -----  
City-----State-----Zip Code-----

Phone Numbers: ----- Email: -----  
Day Evening

Date of birth: -----  
Month Day Year

Marital Status: Single ( ) Married ( ) Single ( ) Separated ( ) Divorced ( ) Widowed ( )

If married, state date of marriage: -----  
Month Day Year

Highest educational attainment: .....  
(State the highest education level you've attained e.g. High School Diploma, College Diploma, etc)

Profession/Vocation: ----- Employment Status: Employed ( ) Unemployed ( )

Are you born again? Yes ( ) No ( ) if yes, Date: -----

Have you been baptized with water by immersion? Yes ( ) No ( )

If yes, please state church Name \_\_\_\_\_

Date: -----  
Month Day Year

Have you taken the Redeemed Christian Church of God's Foundational classes?  
Yes ( ) No ( ) Workers in training? Yes ( ) No ( )

IF not, are you interested in:  
Foundational classes? Yes ( ) No ( ) Workers in training? Yes ( ) No ( )

Are you a member of Mercy Seat Chapel? Yes ( ) No ( )

If yes, state department(s) in which you work: -----

If Not, are you looking for a home church? Yes ( ) No ( )

Do you have children? Yes ( ) No ( )  
If yes, how many? ( )

Please enter below the names and dates of birth of your children beginning with the last child:

Name:	Name:
Date of birth: MM( ) DD( ) Yr ( )	Date of birth: MM( ) DD( ) Yr ( )
Name:	Name:
Date of birth: MM( ) DD( ) Yr ( )	Date of birth: MM( ) DD( ) Yr ( )
Name:	Name:
Date of birth: MM( ) DD( ) Yr ( )	Date of birth: MM( ) DD( ) Yr ( )