



Gilead Congregational Church

Child/Youth Membership Information Form

(One form needs to be completed for each family member)

Household Mailing Name: _____

Household Address: _____

Relation (daughter, son, etc.) with Household: _____

First Name: _____

Preferred Name (Nickname): _____

Middle Name: _____

Last Name: _____

Suffix (Jr., Sr., II, etc.): _____

Birth date: _____ Baptism date: _____

Confirmation date: _____ Membership date: _____

Grade in school: _____

Skills/interests: _____
