

ADVENT INFORMATION SHEET

(Please complete one form per confirmed member.)

SUNTREE <input type="checkbox"/>	Melbourne Beach <input type="checkbox"/>
Member <input type="checkbox"/>	Envelope # _____
Friend <input type="checkbox"/>	(if you currently have one)
Winter Visitor <input type="checkbox"/>	SERVICE TIME _____
DATE JOINED _____	

1. NAME _____
First (preferred) Middle Last

ADDRESS _____ **HOME PHONE** _____ **Unlisted**
Street City Zip

(Please list alternate address and phone number on the back of this sheet.) **SERVICE YOU ATTEND:** _____

CELL PHONE _____ (unlisted) **EMAIL** _____
(Area Code)

EMERGENCY CONTACT NAME _____ **PHONE** _____

VOCATION/SPECIAL SKILLS/HOBBIES _____

EMPLOYED AT _____ **WORK PHONE** _____

2. BIRTH DATE _____ **BIRTH PLACE** _____
Month Day Year City State

3. BAPTIZED (Date) _____ **CHURCH** _____
Month Day Year Name City State

4. CONFIRMED (Date) _____ **CHURCH** _____
Month Day Year Name City State

5. MARRIED (Date) _____ **MARRIED TO** _____
Month Day Year

CHURCH _____
Name City State

6. CHILDREN (# of) **LIVING AT HOME** ____ (complete all) **NOT LIVING AT HOME** ____ (complete 1st line ONLY)

NAME _____ **BIRTH PLACE** _____ **BIRTH DATE** _____
First Middle Last City State Mo. Day Year

BAPTISM _____ **BAPTISMAL DATE** _____
Church City State Mo. Day Year

NAME _____ **BIRTH PLACE** _____ **BIRTH DATE** _____
First Middle Last City State Mo. Day Year

BAPTISM _____ **BAPTISMAL DATE** _____
Church City State Mo. Day Year

(Please record information for additional children on the back.)

7. PREVIOUS CHURCH _____
Name Address City State

8. RECEIVED By Letter of Transfer from ELCA Church Transfer Other By Faith By Baptism

9. HOW WOULD YOU LIKE TO GET CONNECTED (i.e.: Small Groups; Bible Study, Community Outreach)

10. EMAIL DISTRIBUTION YES NO

11. I would like to receive PHONETREE MESSAGES FROM ADVENT YES NO

12. Media Waiver & Release:

I consent to my likeness being photographed, interviewed and/or videotaped by representatives of Advent Lutheran Church and media outlets (newspaper, T.V. & radio stations, etc.) I hereby waive any claims I may have, and release Advent Lutheran Church and its representatives from liability of claims arising out of such activities.

SIGNED: _____

Alternate Address: _____ **HOME #** _____ (unlisted)
Street City Zip

(Please list alternate address and phone number on the back of this sheet.)

CELL # _____ (unlisted) **EMAIL** _____
(Area Code)

CHILDREN LIVING AT HOME (Continued from front page)

NAME _____ **BIRTH PLACE** _____ **BIRTH DATE** _____
First Middle Last City State Mo. Day Year

BAPTISM _____ **BAPTISMAL DATE** _____
Church City State Mo. Day Year

NAME _____ **BIRTH PLACE** _____ **BIRTH DATE** _____
First Middle Last City State Mo. Day Year

BAPTISM _____ **BAPTISMAL DATE** _____
Church City State Mo. Day Year

NAME _____ **BIRTH PLACE** _____ **BIRTH DATE** _____
First Middle Last City State Mo. Day Year

BAPTISM _____ **BAPTISMAL DATE** _____
Church City State Mo. Day Year

NAME _____ **BIRTH PLACE** _____ **BIRTH DATE** _____
First Middle Last City State Mo. Day Year

BAPTISM _____ **BAPTISMAL DATE** _____
Church City State Mo. Day Year

OFFICE USE ONLY

- | | | |
|---------------------------------|--------------------------|----------------|
| Updated in PowerChurch | <input type="checkbox"/> | Initials _____ |
| Envelopes distributed | <input type="checkbox"/> | Initials _____ |
| Simply Giving Form distributed | <input type="checkbox"/> | Initials _____ |
| Email Distribution List Updated | <input type="checkbox"/> | Initials _____ |
| Phonevite List Updated | <input type="checkbox"/> | Initials _____ |
| Parish Register | <input type="checkbox"/> | Initials _____ |