



Family Information Form

Please complete and return to the church office at 16 E. 4th Street, Covington, KY 41011

Family Name: _____

Street Address: _____ City: _____

State _____ Zip Code _____ Home Phone Number: _____

Publish in Church Directory?

Adult Member 1

Full Name _____ Date of Birth _____ M / F

Home Phone _____ Cell Phone _____

Preferred Email _____

Email Contribution Statements *Opt out of email communication*

Dates: Baptism: _____ Confirmation _____ Reception _____ Marriage _____

Allergies or medical conditions: _____

Adult Member 2 (if applicable)

Full Name _____ Date of Birth _____ M / F

Home Phone _____ Cell Phone _____

Preferred Email _____

Email Contribution Statements *Opt out of email communication*

Dates: Baptism: _____ Confirmation _____ Reception _____ Marriage _____

Allergies or medical conditions: _____

Children or other family members in the household:

(Please list by age, oldest first)

Full Name _____ Date of Birth _____ M / F

Dates: Baptism: _____ Confirmation _____

Email address _____ Cell Phone Number: _____

(if applicable)

(If applicable)

Allergies or medical conditions: _____

Family Information Form

Family Name: _____

Full Name _____ Date of Birth _____ M / F

Dates: Baptism: _____ Confirmation _____

Email address _____ Cell Phone Number: _____
(if applicable) *(if applicable)*

Allergies or medical conditions: _____

Full Name _____ Date of Birth _____ M / F

Dates: Baptism: _____ Confirmation _____

Allergies or medical conditions: _____

Full Name _____ Date of Birth _____ M / F

Dates: Baptism: _____ Confirmation _____

Allergies or medical conditions: _____

How would you prefer to receive The Chimes? Mail Email No Chimes