PERSONAL INFORMATION FORM

In order to assist us in keeping accurate records and better serve the needs of the Church Body, please provide the following information and return to the Church Secretary or mail to**: EPCBC PO Box 192 Eagle Point, OR 97524**.

PLEASE PRINT

Name: _____
(Last) (First) (Middle)

Phone: _____

E-Mail Address: _____

Birthday: *_____

Employer: _____

Wedding Anniversary*: _____

Name of Spouse: _____

Spouse Phone(if different) _____

*Spouse E-Mail (if different)*_____

*Spouse's Birthday:**_____

Spouse's Employer: _____

Street Address:

_____

_____

Mailing Address: (If different from above):

_____

_____

* Note: The year of your birthday and anniversary will be kept as confidential information for internal use only.

List members of your household (not including you and your spouse):

Name: (First, Middle, & Last) Birthday: (Month, Day, & Year)

_____

_____

_____

_____

_____

If you, your spouse, or anyone in your household served or is serving in the military, please list their branch and years served below:

Name Branch Years Served

_____

_____

_____

☐ We have had requests for the publication of a Business Listing that would list availability of job skills and businesses owned by those in the congregation of EPCBC. If you have a job skill or own a business and would like it to be published, please list below.

☐ Yes, I want my contact information published in the Church Directory

Thank you!

Eagle Point Community Bible Church