

**First United Methodist Church – Hillsville  
Family or Individual Request for Information**

**Please return to the church office**

**NOTE: One form for each family, including information on ALL children in the household.  
Common information, like address, home phone, etc, need not be duplicated.**

**PRIMARY HOUSEHOLD INFORMATION:**

**Head of Household Name Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Goes by Name: \_\_\_\_\_

Title \_\_\_\_\_

**Family Telephone Information**

Home Phone: (\_\_\_\_) \_\_\_\_\_ Listed / Unlisted

**Primary Family E-mail Address:**

\_\_\_\_\_

**Physical Address Information**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

**Mailing Address Information**

**(if different from Physical Address – ex. P.O. Box)**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

---

**HEAD OF HOUSEHOLD - INDIVIDUAL FAMILY MEMBER INFORMATION**

**Personal Contact Information**

Work Phone: (\_\_\_\_) \_\_\_\_\_ Listed / Unlisted

Cellular Phone: (\_\_\_\_) \_\_\_\_\_ Listed / Unlisted

**Personal E-mail Address:**

\_\_\_\_\_

**Personal Statistical Information**

Date of Birth: \_\_\_\_\_ (If “age sensitive”, month and day only are acceptable.)

Marital Status: \_\_\_\_\_ If married, Anniversary Date: \_\_\_\_\_

Gender: \_\_\_\_\_ Male / Female

---

**FAMILY MEMBER #2 - INDIVIDUAL FAMILY MEMBER INFORMATION (Personal Contact Information)**

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name (if different):** \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Listed / Unlisted

Cellular Phone: (\_\_\_\_) \_\_\_\_\_ Listed / Unlisted

**Personal E-mail Address:** \_\_\_\_\_

**Personal Statistical Information**

Date of Birth: \_\_\_\_\_ (If “age sensitive”, month and day only are acceptable.)

Marital Status: \_\_\_\_\_ If married, Anniversary Date: \_\_\_\_\_

Gender: \_\_\_\_\_ Male / Female

Family Position: \_\_\_\_\_ Spouse / Child / Other

**First United Methodist Church – Hillsville  
Family - Request for Information - continued**

---

**FAMILY MEMBER #3 - INDIVIDUAL FAMILY MEMBER INFORMATION**

**Personal Contact Information**

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name (if different):** \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Listed / Unlisted

Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_ Listed / Unlisted

**Personal E-mail Address:** \_\_\_\_\_

**Personal Statistical Information**

Date of Birth: \_\_\_\_\_ (If "age sensitive", month and day only are acceptable.)

Gender: \_\_\_\_\_ Male / Female

Family Position: \_\_\_\_\_ Child / Other (please define) \_\_\_\_\_

---

**FAMILY MEMBER #4 - INDIVIDUAL FAMILY MEMBER INFORMATION**

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name (if different):** \_\_\_\_\_

**Personal Contact Information**

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Listed / Unlisted

Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_ Listed / Unlisted

**Personal E-mail Address:** \_\_\_\_\_

**Personal Statistical Information**

Date of Birth: \_\_\_\_\_ (If "age sensitive", month and day only are acceptable.)

Gender: \_\_\_\_\_ Male / Female

Family Position: \_\_\_\_\_ Child / Other

---

**FAMILY MEMBER #5 - INDIVIDUAL FAMILY MEMBER INFORMATION**

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name (if different):** \_\_\_\_\_

**Personal Contact Information**

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Listed / Unlisted

Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_ Listed / Unlisted

**Personal E-mail Address:** \_\_\_\_\_

**Personal Statistical Information**

Date of Birth: \_\_\_\_\_ (If "age sensitive", month and day only are acceptable.)

Gender: \_\_\_\_\_ Male / Female

Family Position: \_\_\_\_\_ Child / Other

---

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more than 5 family members, please attach a separate sheet of paper, as needed.)

**THANK YOU FOR YOUR ASSISTANCE!**