## **Impact Family Information**

		Head of Househo	old		Spouse	
Name: (First & Last)						
Sex:	Male □	Female 🛚				
Mailing Address:						
City, State / Zip:						
Physical Address:						
(if different than mailing)						
Birthdate: mm/dd/year						
Home Phone:	( )		Publish 📮			
Cell Phone:	( )		Publish 🛚	( )		Publish 🖵
Email:						
Marital Status: (Check one)	Single   Marri	ed 🗖 Divorced 🗖 V	Vidow/Widower □			
Wedding Date:mm/dd/year						
Accepted Christ:	Yes □	Baptized:	Yes □	Yes □	Baptized:	Yes □
Completed Discovery Group	Yes 🗅			Yes □		
WHERE I SERVE:						
Altar Ministry Team						
AV Team						
Bookstore						
Children's Ministry						
Coffee Shop				_		
Greeter	_			_		
Impact Group Leader						
Intercessory Prayer						
Nursery/Preschool Ministry						
Worship Team						
Youth Ministry						
Other:						

## Minor Children Attending Impact

Name (first & last)	M or F	Birth Date	Grade	Accepted Christ	Baptized
				yes 🛘	yes 🖵
				yes <b>□</b>	yes 🗖
				yes □	yes 🗅
				yes <b>□</b>	yes 🖵
				yes <b>□</b>	yes 🖵
				yes <b>□</b>	yes 🖵
				yes <b>□</b>	yes 🗖
				yes 🛚	yes 🗅