



Church of Christ Congregational

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Please complete the family information section below and the individual section for each person in your family.

Family Information

Family name: _____ (i.e. John & Jane Smith)

Mailing address

Mailing name: _____

Address: _____

City: _____ State: _____

Zip: _____ Publish address in directories: Yes **No**

Alternate address: (If you spend part of the year at another location, please let us know the address, phone number, and the dates to use this address.)

Address: _____

City: _____ State: _____

Zip: _____ Phone number: _____

Use this address between ____/____/____ and ____/____/____

Family e-mail: (If your family shares an e-mail address please enter it here. Individual e-mail addresses will be entered below.)

Publish e-mail address in directories: Yes No

Send mass e-mails to this address: Yes No

Send contribution statements to this address: Yes No

Family web site: _____

Phone numbers: Home phone _____ Unlisted: Yes No

Individual Information Family Member 1

Individual Name: Full name: _____

Title First name Middle name Last name Suffix

Preferred name: _____ Gender: Male Female

Individual e-mail: _____

Publish e-mail address in directories: Yes No

Send mass e-mails to this address: Yes No

Send contribution statements to this address: Yes No

Phone numbers:

Work Phone: _____ Unlisted: Yes No

Emergency Ph: _____ Unlisted: Yes No

Cell: _____ Unlisted: Yes No

Work Fax: _____ Unlisted: Yes No

Envelope number: _____

Occupation: _____

Moved from: _____

Membership. No.: _____

Remarks: _____

Parents: _____

Allergies: _____

Dates:

Birth day: _____ Married: _____

Baptism: _____ Joined: _____

Marital status: *Select one of the following values*

Divorced Married Single Widow/Widower

Individual Information

Family Member 2

Individual Name: Full name: _____
Title First name Middle name Last name Suffix

Preferred name: _____ Gender: Male Female

Individual e-mail: _____

Publish e-mail address in directories: Yes No

Send mass e-mails to this address: Yes No

Send contribution statements to this address: Yes No

Phone numbers:

Work Phone: _____	Unlisted:	Yes	No
Emergency Ph: _____	Unlisted:	Yes	No
Cell: _____	Unlisted:	Yes	No
Work Fax: _____	Unlisted:	Yes	No

Envelope number: _____**Occupation:** _____**Moved from:** _____**Membership. No.:** _____**Remarks:** _____**Parents:** _____**Allergies:** _____**Dates:**

Birth day: _____ Married: _____

Baptism: _____ Joined: _____

Marital status: *Select one of the following values*

Divorced Married Single Widow/Widower

Individual Information

Family Member 3

Individual Name: Full name: _____

Title First name Middle name Last name Suffix

Preferred name: _____ Gender: Male Female

Individual e-mail: _____

Publish e-mail address in directories: Yes No

Send mass e-mails to this address: Yes No

Send contribution statements to this address: Yes No

Phone numbers:

Work Phone: _____ Unlisted: Yes No

Emergency Ph: _____ Unlisted: Yes No

Cell: _____ Unlisted: Yes No

Work Fax: _____ Unlisted: Yes No

Envelope number: _____

Occupation: _____

Moved from: _____

Membership. No.: _____

Remarks: _____

Parents: _____

Allergies: _____

Dates:

Birth day: _____ Married: _____

Baptism: _____ Joined: _____

Marital status: *Select one of the following values*

Divorced Married Single Widow/Widower

Individual Information

Family Member 4

Individual Name: Full name: _____
Title First name Middle name Last name Suffix

Preferred name: _____ Gender: Male Female

Individual e-mail: _____

Publish e-mail address in directories: Yes No

Send mass e-mails to this address: Yes No

Send contribution statements to this address: Yes No

Phone numbers:

Work Phone: _____	Unlisted:	Yes	No
Emergency Ph: _____	Unlisted:	Yes	No
Cell: _____	Unlisted:	Yes	No
Work Fax: _____	Unlisted:	Yes	No

Envelope number: _____**Occupation:** _____**Moved from:** _____**Membership. No.:** _____**Remarks:** _____**Parents:** _____**Allergies:** _____**Dates:**

Birth day: _____ Married: _____

Baptism: _____ Joined: _____

Marital status: *Select one of the following values*

Divorced Married Single Widow/Widower