

**Grace Bible Church Household Information Form**

Grace Bible Church respects your privacy. We use your personal information in accordance with our Privacy Policy. Provide only the information that you want the church to have, and leave the other fields blank.

Head of Household			
NAME			<input type="checkbox"/> Male <input type="checkbox"/> Female
STREET		CITY	STATE ZIP
PHONE	Would you like your household's names, address, and phone number to be part of our church directory?		<input type="checkbox"/> Yes <input type="checkbox"/> No
CELL PHONE	E-MAIL ADDRESS	BIRTHDATE (month/day/year)	
<input type="checkbox"/> GBC Member <input type="checkbox"/> Regular Attender <input type="checkbox"/> Visitor	Other information you would like us to know (including medical conditions or allergies):		
Spouse (If no spouse, leave blank.)			
NAME			<input type="checkbox"/> Male <input type="checkbox"/> Female
CELL PHONE	E-MAIL ADDRESS	BIRTHDATE (month/day/year)	
<input type="checkbox"/> GBC Member <input type="checkbox"/> Regular Attender <input type="checkbox"/> Visitor	Other information you would like us to know (including medical conditions or allergies):		
Child			
NAME			<input type="checkbox"/> Male <input type="checkbox"/> Female
CELL PHONE	E-MAIL ADDRESS	BIRTHDATE (month/day/year)	
<input type="checkbox"/> GBC Member <input type="checkbox"/> Regular Attender <input type="checkbox"/> Visitor	Other information you would like us to know (including medical conditions or allergies):		
Child			
NAME			<input type="checkbox"/> Male <input type="checkbox"/> Female
CELL PHONE	E-MAIL ADDRESS	BIRTHDATE (month/day/year)	
<input type="checkbox"/> GBC Member <input type="checkbox"/> Regular Attender <input type="checkbox"/> Visitor	Other information you would like us to know (including medical conditions or allergies):		
Child			
NAME			<input type="checkbox"/> Male <input type="checkbox"/> Female
CELL PHONE	E-MAIL ADDRESS	BIRTHDATE (month/day/year)	
<input type="checkbox"/> GBC Member <input type="checkbox"/> Regular Attender <input type="checkbox"/> Visitor	Other information you would like us to know (including medical conditions or allergies):		

If your household has more than five people, please continue on another form.