

Date: _____

First Baptist Church Demographic Sheet

In an effort to maintain accurate church records, we are asking all who attend FBC to complete this form. If you have any questions, please call the church office 662-234-3515. Completed forms may be returned to the church office in person, mailed to FBC, 800 Van Buren Ave, Attn: Corie Miller Oxford, MS 38655 or emailed to cmiller@gotofirst.org.

Head of Household

Full Name: _____ Date of Birth: _____

Address: _____

City: _____ State _____ ZIP _____

Home Phone: (_____) _____ Preferred phone

Cell Phone: (_____) _____ Preferred phone

Alternate Phone: (_____) _____ Preferred phone

E-mail Address: _____

Marital Status: (please check one) Married Single

Sunday School Class: _____

Spouse

Full Name: _____ Date of Birth: _____

Address: _____

City: _____ State _____ ZIP _____

Home Phone: (_____) _____ Preferred phone

Cell Phone: (_____) _____ Preferred phone

Alternate Phone: (_____) _____ Preferred phone

E-mail Address: _____

Sunday School Class: _____

Children 18 and younger

1. Full Name: _____ Date of Birth: _____

2. Full Name: _____ Date of Birth: _____

3. Full Name: _____ Date of Birth: _____

4. Full Name: _____ Date of Birth: _____

5. Full Name: _____ Date of Birth: _____

6. Full Name: _____ Date of Birth: _____

(Please indicate if address is different than parents)
