

FUMC Elgin

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

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

Family web site:

Phone numbers:

Home phone _____ Unlisted: Yes No

Individual Name:

Full name:

<i>Title</i>	<i>First name</i>	<i>Middle name</i>	<i>Last name</i>	<i>Suffix</i>

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

Individual web site:

Phone numbers:

Mobile _____

Unlisted: Yes No

Work Phone _____

Unlisted: Yes No

Occupation:

Remarks:

Dates:

Birth day: ___/___/___

Married: ___/___/___

Baptism: ___/___/___

Visit: ___/___/___

Visit: ___/___/___

Visit: ___/___/___

Visit: ___/___/___

Marital status:

Select one of the following values

Divorced

Married

Partner

Single

Widow/Widower

Individual Name:

Full name:

<i>Title</i>	<i>First name</i>	<i>Middle name</i>	<i>Last name</i>	<i>Suffix</i>

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

Individual web site:

Phone numbers:

Mobile _____

Unlisted: Yes No

Work Phone _____

Unlisted: Yes No

Occupation:

Remarks:

Dates:

Birth day: ___/___/___

Married: ___/___/___

Baptism: ___/___/___

Visit: ___/___/___

Visit: ___/___/___

Visit: ___/___/___

Visit: ___/___/___

Marital status:

Select one of the following values

Divorced

Married

Partner

Single

Widow/Widower

Individual Name:

Full name:

<i>Title</i>	<i>First name</i>	<i>Middle name</i>	<i>Last name</i>	<i>Suffix</i>

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

Individual web site:

Phone numbers:

Mobile _____

Unlisted: Yes No

Work Phone _____

Unlisted: Yes No

Occupation:

Remarks:

Dates:

Birth day: ___/___/___

Married: ___/___/___

Baptism: ___/___/___

Visit: ___/___/___

Visit: ___/___/___

Visit: ___/___/___

Visit: ___/___/___

Marital status:

Select one of the following values

Divorced

Married

Partner

Single

Widow/Widower

Individual Name:

Full name:

<i>Title</i>	<i>First name</i>	<i>Middle name</i>	<i>Last name</i>	<i>Suffix</i>

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

Individual web site:

Phone numbers:

Mobile _____

Unlisted: Yes No

Work Phone _____

Unlisted: Yes No

Occupation:

Remarks:

Dates:

Birth day: ___/___/___

Married: ___/___/___

Baptism: ___/___/___

Visit: ___/___/___

Visit: ___/___/___

Visit: ___/___/___

Visit: ___/___/___

Marital status:

Select one of the following values

Divorced

Married

Partner

Single

Widow/Widower

Thank you for updating your information with us. Please return this update form to the office or hand to an usher during services.