



Date _____

PERSONAL DATA UPDATE FORM

(This form is also available to complete and submit via email at www.efree.org/resources/forms)

Items in bold will be included in church-wide print directories. First Free directories are intended for use in First Free ministry purposes only.

TITLE Mr. Mrs. Ms. Dr. **FIRST NAME** _____ **LAST NAME** _____

ADDRESS _____ **CITY/STATE/ZIP** _____

PRIMARY EMAIL (required for online login) _____

HOME/PRIMARY PHONE (w/area code) _____ **PRIMARY CELL PHONE** (w/area code) _____

BUSINESS PHONE (w/area code) _____ **DATE OF BIRTH** (mo/day/yr) _____

GENDER Male Female **OCCUPATION** _____

MARITAL STATUS Single Divorced Married Separated Single Parent Widowed **WEDDING ANNIVERSARY** _____

FAITH BACKGROUND Protestant Catholic Jewish None Other _____

WHICH WORSHIP SERVICE DO YOU ATTEND? 9:00 am Main Auditorium 10:45 am Main Auditorium 10:45 am Quest **ARE YOU A REGULAR ATTENDER?** Yes No

First Free tries to provide opportunities for people to get together within their neighborhoods, identified by the public high school districts in which they reside. It would be helpful if you would provide this information.

PUBLIC HIGH SCHOOL or DISTRICT _____

The information below pertains to additional family members who are *currently attending* First Free.

ATTENDING SPOUSE'S FULL NAME (e.g. Smith, Joe) _____

SPOUSE'S DATE OF BIRTH (month/day/year) _____ **SPOUSE'S OCCUPATION** _____

SPOUSE'S PRIMARY EMAIL (required for online login) _____

SPOUSE'S PRIMARY CELL PHONE (w/area code) _____

SPOUSE'S PRIMARY BUSINESS PHONE (w/area code) _____ **Ext.** _____

FAITH BACKGROUND Protestant Catholic Jewish None Other _____

	Attending Child's Name	DOB (mo/day/yr)		
1.	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
2.	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
3.	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
4.	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female