



Membership Survey

Date joined Weatherford FUMC (best estimate): _____ (dd/mm/yy)

NAME:

First Name: _____

Middle Name: _____

Last Name: _____

Maiden Name: _____

Preferred 1st Name: _____

Name Prefix (circle one): Mr. Mrs. Ms. Miss Dr. Prof. Rev. Specify _____

Name Suffix (circle one): Jr. Sr. Esq. PhD MA MS Dr. RN Specify _____

CONTACT:

Telephone: _____

E-mail: _____

ADDRESS:

Line 1: _____

Line 2: _____

Line 3: _____

Line 4: _____

CHURCH NEWSLETTER and MAILINGS:

Would you like to receive the monthly church newsletter? by email by postal mail no

Would you like to receive other FUMC mailings? by email by postal mail no

BIRTH:

Birth Date: _____ (dd/mm/yyyy)

Birthplace: _____

City, State, Country

Please enter all information according to your best estimate (month and year). If you don't know, please put "unknown".

TRANSFER OF MEMBERSHIP IN: (If you transferred in to Weatherford FUMC from another church)

Date of Reception: _____ (dd/mm/yyyy)

Sending Church: _____

TRANSFER OF MEMBERSHIP OUT: (If you transferred from Weatherford FUMC to another church)

Date of Transfer: _____ (dd/mm/yyyy)

Receiving Church: _____

BAPTISM:

Baptism Date: _____ (dd/mm/yyyy)

Baptism Church: _____

Baptism Place: _____ (City, State, Country)

Baptizing Minister: _____

Baptism Sponsor(s): _____

CONFIRMATION:

Confirmation Date: _____ (dd/mm/yyyy)

Confirmation Church: _____

Confirmation Place: _____ (City, State, Country)

Confirmation Minister: _____

Confirmation Sponsor(s): _____

DEATH:

Date of Death: _____ (dd/mm/yyyy)

Place of Death: _____

Date of Funeral or Memorial: _____ (dd/mm/yyyy)

Funeral or Memorial Minister: _____

Funeral/Memorial Church/Place: _____ (City, State, Country)

Burial Cemetery: _____

If you would like someone to call you regarding this form or the survey, please check here:

Thank you for helping us update our membership records!

First United Methodist Church | PO Box 350 | Weatherford, OK 73096