

Mandarin Seventh-day Adventist Church Directory

Please complete this form with the requested information. If you have any questions, please call Barbara Mills at 268-7476.

PERSONAL

Name: _____ Birthdate: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone(s): _____

Fax: _____ Other: _____

Email Address(es): _____

FAMILY

Marital Status: Single Married Anniversary Date: _____

Spouses Name: _____ Birthdate: _____

Children Name(s): _____ M F Birthdate: _____

_____ M F Birthdate: _____

_____ M F Birthdate: _____

_____ M F Birthdate: _____

_____ M F Birthdate: _____

_____ M F Birthdate: _____

CHURCH

Are you a member: Yes No Is your spouse a member: Yes No

Are your children members: Yes No

Additional information and/or comments: