

Each Adult Should Fill Out A Separate Form

Date Joined: _____

(For Office to fill out)

Discipleship Information Form

Person Joining

Name: _____

Home Address: _____

Zip Code _____

E-Mail Address:(Home) _____

(Work) _____

Phone: _____

Date of Birth: _____

Date of Baptism: _____

Place of Baptism: _____

Employer Name: _____

Occupation: _____

Work Phone# _____

Marital Status: _____ Spouse's Name: _____

Wedding Date: _____

Is your spouse joining? Yes _____ No _____

1. Any Ministries of St. Peter's you might be interested in serving in:

2. How joining? (Transfer, if so from where) _____

(Affirmation of faith) _____

(Never before church member or Christian) _____

(Reaffirmation) _____

3. What interested you in St. Peter's or why are you joining? _____

