Each Adult Should Fill Out A Separate Form Date Joined: _____

(For Office to fill out)

Discipleship Information Form

Person Joining	
Name:	6. 2
Home Address:	
	7in Code
E-Mail Address:(Home)	
Phone:	
Phone:	
Date of Birth:	
Date of Baptism:	
Place of Baptism:	
Employer Name:	
Occupation:	Work Dhone#
	WOIR PHONE#
Marital Status:Spouse's	Nama
Wedding Date:Spouse's	TAUTIC.
Is your spouse joining? YesNo	
1. Any Ministries of St. Peter's you might be interest	ed in governo in.
	en in serving in:
2. How joining? (Transfer, if so from where)	
(Never before church member or Christian) (Reaffirmation)	
(
3. What interested you in St. Peter's or why are you j	oining?
with a cost of with the your	ommg?
	*
$W_{i} = 0$	

If children are joining with you, please list each below:

(1)	Name:			ate of Birth:		
	Grade in School: _		_School A	Attending:		
	Date of Baptism:		Place of	Baptism: _		
(2)	Name:	Ħ	Da	te of Birth:		
(-).	Grade in School:		School A	Attending:		
	Date of Baptism: _		Place of	Place of Baptism:		
(3)	Name:		Da	te of Birth:		
(3)				Date of Birth: School Attending:		
				Place of Baptism:		
	- WT					
	9.	* *	* * *	* *		
		,			- 2	
XV:11	you tall us about you	realf so u	ve con nlace	e it in the ch	urch noviole	
Will	you tell us about you	ırself so v	ve can place	e it in the ch	urch newsle	
Will						
_						
					*	