

CHRIST RESURRECTION CHURCH, OFORIKROM

MEMBERSHIP FORM

WING/MINISTRY.....Group.....

A. PERSONAL INFORMATION

Name.....

Popular name.....

SEX: Male ☐ Female ☐

Marital Status: Married ☐ Single ☐ Divorced ☐

Date of Birth..... Home Town.....

Date of Baptism..... Church.....Place.....

Profession (Occupation).....

House address.....

Postal Address.....

Tel..... E-mail Address (if any).....

B. FAMILY INFORMATION

Name of Spouse.....Home Town.....

Contact of spouse.....

Number of Children..... Names & Ages of Children (1).....

(2)..... (3).....

(4)..... (5).....

(6)..... (7).....

(8)..... (9).....

Name of Father..... Alive ☐ Deceased ☐

HomeTown.....

Name of Mother..... Alive ☐ Deceased ☐

HomeTown.....