

**A Sample Member/Family Information Form Produced and Used By the Leadership of South  
Joplin Christian Church**

Important Information

Adult Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Do you send/receive text messages? Yes/No

Work Phone: \_\_\_\_\_

Adult Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Do you send/receive text messages? Yes/No

Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

In Case of Emergency

Local Contact Name :

\_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

Out-of-Town/Out-of-State Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

If you have to leave your home in an emergency, where are you most likely to go?

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Do you have an emergency plan? If so, please share details that might help us contact you:

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Other Helpful Information

Family Information:

*(Please list even adult children below)*

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical Information (optional)

Adult #1: \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies/Medications:

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Hospital of Choice:

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\*Do you have:

\_\_\_ DNR    \_\_\_ Living Will    \_\_\_ Medical Power of Attorney

Adult #2: \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies/Medications:  
\_\_\_\_\_

Hospital of Choice:  
\_\_\_\_\_

\*Do you have:

DNR     Living Will     Medical Power of Attorney

\*If you would like to keep any of this information on file at the church, you are welcome to do

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