

# INFORMATION REQUEST FORM

FaithLiveItOut.org



We are excited that you are attending Faith Church! Please help us update our records in order for you to receive information from the church and so that we may provide all members of your household (eight years and older) with a name tag on Sundays. *(Please note that the printing of name tags is dependent upon birth date. All information is for office use only.)*

Three ways to return the completed form:

- 1) Return form to the church office, 9125 N. College Avenue, Indianapolis, IN 46240
- 2) Email the information to [info@FaithLiveItOut.org](mailto:info@FaithLiveItOut.org) - click on SUBMIT above!
- 3) Fax the completed form to 317.843.7733

**ADULTS:**

TITLE (Dr/Mr/ Mrs/Miss/ Ms)	FULL NAME	NAME YOU WISH TO BE CALLED	GENDER	MARITAL STATUS	BIRTHDATE Month/Day/ Year	CONNECTION CLASS
#1						
#2						

ANNIVERSARY \_\_\_/\_\_\_/\_\_\_ Which Worship Celebration do you usually attend? \_\_\_\_\_

**CHILDREN:** (Continue on back if needed)

FULL NAME	NICKNAME	GENDER	BIRTHDATE Month/Day/Year	YEAR IN SCHOOL

**HOME INFORMATION**

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

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

Fax: \_\_\_\_\_

E-mail address: #1 \_\_\_\_\_

E-mail address: #2 \_\_\_\_\_

**HOW DID YOU HEAR ABOUT FAITH CHURCH?**

Neighborhood? \_\_\_\_\_ Web Site (FaithLiveItOut.org)

Personal Invitation (As a guest of \_\_\_\_\_)

Other: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

**ADULT #1:**

Employer: \_\_\_\_\_

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

Work Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**ADULT #2:**

Employer: \_\_\_\_\_

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

Work Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_