

**FAIR OAKS PRESBYTERIAN CHURCH**  
**FAMILY REGISTRATION FORM**  
*Confidential*

*Welcome to Fair Oaks Presbyterian Church. Please take a few moments to provide us with the following information to be used for mailing and Sunday school lists, the church directory and other church business. Please return it to the church office as soon as possible. This information is strictly confidential and will never be used for anything other than church related business. Thank you!*

NAME: \_\_\_\_\_  
Last First middle

BIRTH DATE: \_\_\_\_\_  
mm/dd/yr

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

FAMILY E-MAIL ADDRESS: \_\_\_\_\_

SPOUSE'S  
NAME: \_\_\_\_\_  
Last First middle

BIRTH DATE: \_\_\_\_\_  
mm/dd/yr

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

If applicable, please give us your own or your spouse's maiden name: \_\_\_\_\_

Are you, your spouse, or any of your children ordained as elder or deacon in the Presbyterian Church? If so, please give the office to which such person was ordained and the date of ordination: \_\_\_\_\_

\_\_\_\_\_

**HEALTH INFORMATION:** (For use in case of emergencies while participating in church functions)  
Please complete for all family members. Thank you.

Please list primary physicians and/or health care providers and their phone numbers for each family member.

Family member(s)	Physician	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide health insurance information (insurance company(s), plan number(s), member name):

\_\_\_\_\_

\_\_\_\_\_

Do any family members take prescription drug(s) or medication regularly? No: \_\_\_\_\_ Yes: \_\_\_\_\_

If yes, who and what? \_\_\_\_\_  
\_\_\_\_\_

Do any family members have allergies? No: \_\_\_\_\_ Yes: \_\_\_\_\_

If yes, Family member	Allergy **
_____	_____
_____	_____
_____	_____

\*\*Please indicate which, if any, may result in a reaction requiring immediate or emergency attention and provide any additional necessary information in the space provided at the end of this form.

