Dahlonega United Methodist Church		Н	HOUSEHOLD INFORMATION					
Mailing Address:	Ade	dress		City		ST		ZIP
Home Address:								
(if not same as mailing address)	St	treet		City		ST		ZIP
HEAD OF	HOUSEHOL	<u>.D</u>		SEC	COND ADU	LT IN HOUSE	HOLD	
First Name	Middle Na	me/Initial		First Name		Middle Nai	ne/Initial	
Last Name	Goes by N	lame		Last Name		Goes by N	ame	
Maiden Name	-			Maiden Name		·		
Date of Birth:// Month/Day/Year	_ Gender:	Male	Female	_ ` `	/ ay/Year	_ Gender:	Male	Female
Marital Status: Single * Anniversary Date:/	Married *	Divorced	Widowed	Marital Status: Relationship to HOH (Single ex: spouse	Married e, sister, adul		Widowed
() -	()	-		() -		()	-	
Home Phone	Cell Phone	е		Home Phone		Cell Phone	•	
Email				Email				
Have you been baptized? If you have not been baptized, do y to be contacted by our pastor?	Yes /ou desire Yes	No Not at th	Not Sure	Have you been baptize If you have not been ba to be contacted by our p	aptized, do y	∕o <u>u d</u> esire	☑ No ☑ Not at th	Not Sure
	Yes		Not Sure			_	No No	_
Are you a member of DUMC? If you are not a member of DUMC,		∐ No	Not Sure	Are you a member of I If you are not a member				Not Sure
to be contacted by our pastor?	Yes	Not at th	is time	to be contacted by our		_	Not at th	is time
Do you have any special needs, ci	cumstances o	or concerns	?	Do you have any specia	al needs, cir	cumstances o	r concerns	?

PLEASE COMPLETE THE MEDIA & INFORMATION USE AGREEMENT ON PAGE 2.

Please complete Page 3 & 4 if you have minor children in your household.

Please complete the supplemental pages if you have dependent adults in your household and/or need additional space for minor children.

Please return this form to the DUMC office: email to linda@dahlonegaumc.org or bring to the office. Questions? Contact Linda Carroll at (706) 864-2521 Ext. 404 or Linda@dahlonegaumc.org

MEDIA & INFORMATION USE AGREEMENT

Head of Household	Second Adult in Household
I, (please print name) hereby grant, voluntarily and with full understanding, to Dahlonega United Methodist Church ("DUMC"), a license to the following:	I,(please print name) hereby grant, voluntarily and with full understanding, to Dahlonega United Methodist Church ("DUMC"), a license to the following:
1. Use (by the DUMC staff) and storage (in the secure DUMC church management software) of the data and images by digital or film photographs that I've provided on and with this form. Yes No	1. Use (by the DUMC staff) and storage (in the secure DUMC church management software) of the data and images by digital or film photographs that I've provided on and with this form. Yes No
2. Inclusion in the DUMC Online Directory of the following information (stored in the secure DUMC church management software). The DUMC Online Directory is password protected and available only to DUMC Online Directory participants.	2. Inclusion in the DUMC Online Directory of the following information (stored in the secure DUMC church management software). The DUMC Online Directory is password protected and available only to DUMC Online Directory participants.
A. Name Yes No B. Address Yes No C. Home Phone Yes No D. Cell Phone Yes No E. Email Yes No F. Image (Photo) Yes No	A. Name Yes No B. Address Yes No C. Home Phone Yes No D. Cell Phone Yes No E. Email Yes No F. Image (Photo) Yes No
3. The use of images of myself and my name, that may be captured during my involvement in DUMC ministries and activities, for church purposes, including but not limited to still photography, video, electronic, websites, and print publications.	3. The use of images of myself, that may be captured during my involvement in DUMC ministries and activities, for church purposes, including but not limited to still photography, video, electronic, websites, and print publications.
☐ Yes ☐ No	☐ Yes ☐ No
Signature:	Signature:

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Dahlonega United Me	thodist Church
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HEAD OF HOUSEHOLD NAME:	
HEAD OF HOUSEHOLD NAME:	

CI	HILD 1	9	CHILD 2
First Name	Middle Name/Initial	First Name	Middle Name/Initial
Last Name Date of Birth:// Month/Day/Year	Goes by Name Gender: Male Female	Last Name Date of Birth:// Month/Day/Year	Goes by Name Gender: Male Female
() - Home Phone	() - Cell Phone	() - Home Phone	Cell Phone
Email		Email	
Has your child been baptized? If your child has not been baptized, to be contacted by our pastor?	Yes No Not Sure do you desire Yes Not at this time	Has your child been baptized? If your child has not been baptized to be contacted by our pastor?	Yes No Not Sure d, do you desire Yes Not at this time
Has your child (4th grade and older) a member of DUMC? If No or Not Sure, do you desire to be contacted by our pastor?	been confirmed or become Yes No Not Sure Yes Not at this time	Has your child (4th grade and older a member of DUMC? If No or Not Sure, do you desire to be contacted by our pastor?	Yes No Not Sure
CI	HILD 3	<u>C</u>	CHILD 4
First Name	Middle Name/Initial	First Name	Middle Name/Initial
Last Name Date of Birth:// Month/Day/Year	Goes by Name Gender: Male Female	Last Name Date of Birth:// Month/Day/Year	Goes by Name Gender: Male Female
() - Home Phone	() - Cell Phone	() - Home Phone	() - Cell Phone
Email		<u>Email</u>	
Has your child been baptized? If your child has not been baptized, to be contacted by our pastor?	Yes No Not Sure do you desire Yes Not at this time	Has your child been baptized? If your child has not been baptized to be contacted by our pastor?	Yes No Not Sure d, do you desire Yes Not at this time
Has your child (4th grade and older) a member of DUMC? If No or Not Sure, do you desire to be	been confirmed or become Yes No Not Sure	Has your child (4th grade and older a member of DUMC? If No or Not Sure, do you desire to be	Yes No Not Sure

Do any of these children have special needs?

HEAD OF HOUSEHOLD NAME:	
INEAD OF HOUSEHOLD NAME.	

MEDIA & INFORMATION USE AGREEMENT For children under 18 years of age

I, (please print name), Pa	rent/Guardian of the	children under 18 yea	rs of age listed below	, hereby grant,
voluntarily and with full understanding, to Dahlonega United Methodist Church ("DU	JMC"), a license to th	e following:		
	Child 1 Name (please print):	Child 2 Name (please print):	Child 3 Name (please print):	Child 4 Name (please print):
1. Use (by the DUMC staff) and storage (in the secure DUMC church management software) of the data and images by digital or film photographs that I've provided on and with this form.	☐Yes ☐ No	☐Yes ☐ No	Yes No	☐Yes ☐ No
2. Inclusion in the DUMC Online Directory of the following information (stored in the secure DUMC church management software). The DUMC Online Directory is password protected and available only to DUMC Online Directory participants.				
A. Name B. Address C. Home Phone D. Cell Phone E. Email F. Image (Photo)	Yes No	Yes No	Yes No	Yes No
3. The use of images of my child and my child's name, that may be captured during involvement in DUMC ministries and activities, for church purposes, including but not limited to still photography, video, electronic, websites, and print publications.	□Yes □ No	□Yes □ No	□Yes □ No	□Yes □ No
Parent/Legal Guardian Signature:				

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Dahlonega United Methodist Church

<u>C</u>	HILD 5	<u>C</u>	HILD 6
First Name	Middle Name/Initial	First Name	Middle Name/Initial
Last Name Date of Birth:// Month/Day/Year	Goes by Name Gender: Male Female	Last Name Date of Birth:// Month/Day/Year	Goes by Name Gender: Male Female
() -	() -	() -	() -
Home Phone	Cell Phone	Home Phone	Cell Phone
Email		Email	
Has your child been baptized? If your child has not been baptized, to be contacted by our pastor?	Yes No Not Sure do you desire Yes Not at this time	Has your child been baptized? If your child has not been baptized, to be contacted by our pastor?	Yes No Not Sure do you desire Yes Not at this time
Has your child (4th grade and older) a member of DUMC? If No or Not Sure, do you desire to be contacted by our pastor?	been confirmed or become Yes No Not Sure Yes Not at this time	Has your child (4th grade and older) a member of DUMC? If No or Not Sure, do you desire to be contacted by our pastor?	been confirmed or become Yes No Not Sure Yes Not at this time
<u>C</u>	HILD 7	<u>C</u>	HILD 8
First Name	Middle Name/Initial	First Name	Middle Name/Initial
Last Name Date of Birth:// Month/Day/Year	Goes by Name Gender: Male Female	Last Name Date of Birth:// Month/Day/Year	Goes by Name Gender: Male Female
() -	() -	() -	<u>() -</u>
Home Phone	Cell Phone	Home Phone	Cell Phone
Email		Email	
Has your child been baptized? If your child has not been baptized, to be contacted by our pastor?	Yes No Not Sure do you desire Yes Not at this time	Has your child been baptized? If your child has not been baptized, to be contacted by our pastor?	Yes No Not Sure do you desire Yes Not at this time
Has your child (4th grade and older) a member of DUMC? If No or Not Sure, do you desire to be contacted by our pastor?	been confirmed or become Yes No Not Sure Yes Not at this time	Has your child (4th grade and older) a member of DUMC? If No or Not Sure, do you desire to be contacted by our pastor?	Yes Not at this time

Do any of these children have special needs?

Dahlonega United Methodist Church

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DEPENDENT ADULT 1 IN HOUSEHOLD	<u>DE</u>	PENDENT ADULT 2 IN HOUSEHOLD	
First Name Middle Name/Initial	First Name	Middle Name/Initial	
Last Name Goes by Name	Last Name	Goes by Name	
Maiden Name Date of Birth:/ Gender:	Widowed Marital Status:	Gender: Male h/Day/Year Single Married Divorced H (ex: parent, grandparent):	Femal
() - () - Home Phone Email	() - Home Phone Email	Cell Phone	
Has this person been baptized? If this person has not been baptized, should they be contacted by our pastor? Yes No Not at this time	•	ot been baptized, should they be	Not Sure
Is this person a member of DUMC? Yes No If this person is not a member of DUMC, should they be contacted by our pastor? Yes Not at this time		a member of DUMC, should they be	Not Sure
Does this person have any special needs, circumstances or concerns?	Does this person have	any special needs, circumstances or concerns	3?

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