

HOUSEHOLD INFORMATION

Mailing Address: _____
Address

City ST ZIP

Home Address: _____
(if not same as mailing address)
Street

City ST ZIP

<u>HEAD OF HOUSEHOLD</u>	
First Name _____	Middle Name/Initial _____
Last Name _____	Goes by Name _____
Maiden Name _____	
Date of Birth: ____/____/____ <small>Month/Day/Year</small>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married * <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
* Anniversary Date: ____/____/____	
(____) - _____	(____) - _____
Home Phone	Cell Phone
Email _____	
Have you been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
<i>If you have not been baptized, do you desire to be contacted by our pastor?</i> <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time	
Are you a member of DUMC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
<i>If you are not a member of DUMC, do you desire to be contacted by our pastor?</i> <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time	
Do you have any special needs, circumstances or concerns? _____ _____	

<u>SECOND ADULT IN HOUSEHOLD</u>	
First Name _____	Middle Name/Initial _____
Last Name _____	Goes by Name _____
Maiden Name _____	
Date of Birth: ____/____/____ <small>Month/Day/Year</small>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Relationship to HOH (ex: spouse, sister, adult child): _____	
(____) - _____	(____) - _____
Home Phone	Cell Phone
Email _____	
Have you been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
<i>If you have not been baptized, do you desire to be contacted by our pastor?</i> <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time	
Are you a member of DUMC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
<i>If you are not a member of DUMC, do you desire to be contacted by our pastor?</i> <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time	
Do you have any special needs, circumstances or 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

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

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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Address | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Home Phone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Cell Phone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Email | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Image (Photo) | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.

Yes No

Signature: _____

Date: ____/____/____

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:

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.

- | | | |
|------------------|------------------------------|-----------------------------|
| A. Name | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Address | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Home Phone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Cell Phone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Email | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Image (Photo) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Signature: _____

Date: ____/____/____

HEAD OF HOUSEHOLD NAME:

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

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

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

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

Do any of these children have special needs? _____

PLEASE COMPLETE THE MEDIA & INFORMATION USE AGREEMENT ON PAGE 4.

HEAD OF HOUSEHOLD NAME: _____

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

I, _____ (please print name), Parent/Guardian of the children under 18 years of age listed below, 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.

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)

	Child 1 Name (please print):	Child 2 Name (please print):	Child 3 Name (please print):	Child 4 Name (please print):
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Home Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Cell Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Email	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Image (Photo)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

Parent/Legal Guardian Signature: _____
Date: ____/____/____

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

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

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

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

Do any of these children have special needs? _____

HEAD OF HOUSEHOLD NAME:

<u>DEPENDENT ADULT 1 IN HOUSEHOLD</u>	
First Name	Middle Name/Initial
Last Name	Goes by Name
Maiden Name	
Date of Birth: ____/____/____ Month/Day/Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Relationship to HOH (ex: parent, grandparent):	
____ - ____	
Home Phone	Cell Phone
Email	
Has this person been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
<i>If this person has not been baptized, should they be contacted by our pastor?</i> <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time	
Is this person a member of DUMC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
<i>If this person is not a member of DUMC, should they be contacted by our pastor?</i> <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time	
Does this person have any special needs, circumstances or concerns?	

<u>DEPENDENT ADULT 2 IN HOUSEHOLD</u>	
First Name	Middle Name/Initial
Last Name	Goes by Name
Maiden Name	
Date of Birth: ____/____/____ Month/Day/Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Relationship to HOH (ex: parent, grandparent):	
____ - ____	
Home Phone	Cell Phone
Email	
Has this person been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
<i>If this person has not been baptized, should they be contacted by our pastor?</i> <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time	
Is this person a member of DUMC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
<i>If this person is not a member of DUMC, should they be contacted by our pastor?</i> <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time	
Does this person have any special needs, circumstances or concerns?	