

## Church Information Form



3800 Judson Road  
 Longview, TX 75605  
 903 234 0032  
[info@epclongview.org](mailto:info@epclongview.org)  
[longviewepc.org](http://longviewepc.org)

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Date of Birth (DOB) \_\_\_\_\_

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

\_\_\_\_\_

City State Zip

Mailing Address \_\_\_\_\_  
 (If different)

\_\_\_\_\_

City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Email \_\_\_\_\_ Work Email \_\_\_\_\_

(Please circle preferred method of contact)

**Marital Status:**      Single      Married      Widowed      Divorced      Blended Family  
 (Circle One)

Spouse (if applicable-separate form)

\_\_\_\_\_  
 Child's Name                      DOB                      Gender                      Baptism Info

\_\_\_\_\_  
 Child's Name                      DOB                      Gender                      Baptism Info

\_\_\_\_\_  
 Child's Name                      DOB                      Gender                      Baptism Info

\_\_\_\_\_  
 Child's Name                      DOB                      Gender                      Baptism Info

Date joined Longview EPC \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Joined via:  Profession of Faith                      Location of Baptism \_\_\_\_\_

Reaffirmation of Faith

Transfer of Letter from \_\_\_\_\_