

**MEMBER RECORD VERIFICATION FORM**

**Pilgrim Rest Missionary Baptist Church  
3401 Jeanetta  
Houston, TX 77063**

**Date Joined** \_\_\_/\_\_\_/\_\_\_      **Date Baptized** \_\_\_/\_\_\_/\_\_\_      Adult       Youth  (Under 17)

Name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_      Male       Female

Address: \_\_\_\_\_ Subdivision/Apartment Complex: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: HOME \_\_\_\_\_ CELL \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Skill Sets/Interests: \_\_\_\_\_

Marital Status: (please check one box)  Single (Never Married)     Divorced     Separated  
 Widowed     Married (Date of Marriage) \_\_\_\_\_

**(Please complete family information. Church members 18 & over & Spouses must also complete separate form)**

Name of Spouse: \_\_\_\_\_ Baptized (Y/N) \_\_\_\_\_ Member (Y/N) \_\_\_\_\_

Parents, please complete for family cross reference purposes.

Names of Children:

- |         |            |                      |                    |
|---------|------------|----------------------|--------------------|
| 1 _____ | DOB: _____ | Baptized (Y/N) _____ | Member (Y/N) _____ |
| 2 _____ | DOB: _____ | Baptized (Y/N) _____ | Member (Y/N) _____ |
| 3 _____ | DOB: _____ | Baptized (Y/N) _____ | Member (Y/N) _____ |
| 4 _____ | DOB: _____ | Baptized (Y/N) _____ | Member (Y/N) _____ |
| 5 _____ | DOB: _____ | Baptized (Y/N) _____ | Member (Y/N) _____ |
| 6 _____ | DOB: _____ | Baptized (Y/N) _____ | Member (Y/N) _____ |

Emergency Contact: Name	Phone
Emergency Contact: Name	Phone
Voluntary (Personal & Confidential) Information: Is there a medical condition the church staff needs to be aware of?	

**FOR CHURCH USE ONLY – DO NOT WRITE BELOW THIS LINE**

**FORM VALIDATED**

Original Date of Membership \_\_\_\_\_

Electronically updated \_\_\_\_\_

Original Date of Membership Verified by: \_\_\_\_\_

Updated by \_\_\_\_\_