

New Samaritan Baptist Church

Membership Record Update Form *(One form per adult in the home)*

Date:

Current Information

Please complete all information in the section

Last Name:

First Name

Current address:

City:

State:

Zip Code:

Home Phone

Cell Phone

Work Phone

Date of Birth

NSBC Envelope Number:

Requested Change

Please fill in changed information only in this section

Last Name:

First Name

Address:

City:

State:

ZIP Code:

Home Phone

Cell Phone

Work Phone

Marital Status:

Spouses Name:

E

E-mail:

Emergency Contact

Emergency Contact Name:

Emergency Contact Number:

Relationship: