Charity Christian Church Visitor's Information

(Please print)

Title: Mr. ___ Mrs. ___ Miss ___ Ms. ___ Mr. & Mrs. ___ **Date**: _____

Name: _____

Address: _____

City: _____ **State**: _____ **Zip Code**: _____ **Country**: _____

Home Phone: (_____) _____ **Cell Phone**: (_____) _____

Email Address: _____

Membership Status: _____ Member _____ Visitor **Birth Month/Day:** _____

How did you hear about Charity Christian Church? _____

Who invited you to attend? _____

Have you been baptized (Yes/No): _____ **If so, when (MM/YYYY):** _____

Comment:

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