

Please complete this form and return it with your Sunday School roll

**First Presbyterian Church
Jackson, MS**

SUNDAY SCHOOL ENROLLMENT FORM

ADULT DIVISION

SPECIFIC CLASS TO BE ENROLLED IN _____

TITLE: DR _____
MR _____/_____/_____
MS _____
MRS _____
MISS _____/_____/_____
FIRST MIDDLE LAST NAME

His NICKNAME (OR NAME CALLED BY): _____ BIRTHDAY:_____/_____/_____
MONTH DAY YEAR

Her NICKNAME (OR NAME CALLED BY): _____ BIRTHDAY:_____/_____/_____
MONTH DAY YEAR

MARITAL STATUS: MARRIED_____ SINGLE _____ DIVORCED_____ WIDOWED _____

HOME ADDRESS _____ ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____ CELL PHONE _____

EMAIL ADDRESSES (His) _____ (Hers) _____

OCCUPATION (His) _____ BUSINESS NAME _____
BUSINESS ADDRESS _____ ZIP CODE _____

OCCUPATION (Hers) _____ BUSINESS NAME _____
BUSINESS ADDRESS _____ ZIP CODE _____

CHURCH AFFILIATION

CHURCH MEMBER: YES / NO NAME OF CHURCH _____

ADDRESS OF CHURCH _____

DATE OF BAPTISM (His) _____ DATE OF BAPTISM (Hers) _____

OTHER FAMILY MEMBERS

NAME	RELATION	BIRTHDAY	ENROLL IN S.S.? YES/NO	IF YES WHICH CLASS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____