

# REGISTRATION FORM

Christ Church Cranbrook

470 Church RD, Bloomfield Hills, MI 48304

Office Number 248.644-5210 FAX # 248.644-0148

	MEMBER #1	MEMBER #2	MEMBER #3	MEMBER #4
LAST NAME	_____	_____	_____	_____
First Name /MI	_____	_____	_____	_____
Last Name If Different	_____	_____	_____	_____
Dr/Mr/Mrs/Ms	_____	_____	_____	_____
Marital Status	_____	_____	_____	_____
Home Address	_____			
	Street	City	State	Zip+4
Telephone	Area code + number ( ) _____			
email Address	_____			
Occupation	_____	_____	_____	_____
Work Phone	Area code + number _____		Area code + number _____	
Birth Date	_____	_____	_____	_____
Date Baptized	_____	_____	_____	_____
Date Confirmed	_____	_____	_____	_____
Where were you Confirmed?	_____			
	Church	Church	Church	Church
	_____	_____	_____	_____
	City, State	City, State	City, State	City, State
	_____	_____	_____	_____
	denomination	denomination	denomination	denomination