



Dahlgonega Methodist Church

HOUSEHOLD INFORMATION

Date Joined: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address City ST ZIP

Home Address: \_\_\_\_\_  
(if not same as mailing address) Street City ST ZIP

HEAD OF HOUSEHOLD

First Name Middle Name/Initial  
Last Name Goes by Name  
Maiden Name  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Male ☐ Female  
Month/Day/Year  
Marital Status: ☐ Single ☐ Married \* ☐ Divorced ☐ Widowed  
\* Anniversary Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
( ) - ( ) -  
Home Phone Cell Phone  
Email: \_\_\_\_\_  
Have you been baptized? ☐ Yes ☐ No ☐ Not Sure  
If you have not been baptized, do you desire  
to be contacted by our pastor? ☐ Yes ☐ Not at this time  
Do you have any special needs, circumstances or concerns?

SECOND ADULT IN HOUSEHOLD

First Name Middle Name/Initial  
Last Name Goes by Name  
Maiden Name  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Male ☐ Female  
Month/Day/Year  
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed  
Relationship to HOH (ex: spouse, sister, adult child):  
( ) - ( ) -  
Home Phone Cell Phone  
Email: \_\_\_\_\_  
Have you been baptized? ☐ Yes ☐ No ☐ Not Sure  
If you have not been baptized, do you desire  
to be contacted by our pastor? ☐ Yes ☐ Not at this time  
Do you have any special needs, circumstances or concerns?

Joining by: (Check one)

\_\_\_\_\_ Transfer from another United Methodist Church  
\_\_\_\_\_ Transfer from another denomination  
\_\_\_\_\_ Profession of Faith  
\_\_\_\_\_ Profession of Faith through Confirmation  
\_\_\_\_\_ Membership Restore-Affirmation of Faith

If transferring: Previous Church:

\_\_\_\_\_  
\_\_\_\_\_

Joining by: (Check one)

\_\_\_\_\_ Transfer from another United Methodist Church  
\_\_\_\_\_ Transfer from another denomination  
\_\_\_\_\_ Profession of Faith  
\_\_\_\_\_ Profession of Faith through Confirmation  
\_\_\_\_\_ Membership Restore-Affirmation of Faith

If transferring: Previous Church:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE COMPLETE THE MEDIA AND INFORMATION USE AGREEMENT ON PAGE 2.

Please complete Page 3 and 4 if you have minor children in your household.

Please complete the supplemental pages if you have dependent adults in your household and/or need additional space for minor children.

Please return this form to the DMC office: email to [deborah@dahmc.org](mailto:deborah@dahmc.org) or bring to the office.

## MEDIA & INFORMATION USE AGREEMENT

### Head of Household

I, \_\_\_\_\_ (please print name)  
hereby grant, voluntarily and with full understanding, to Dahlonega Methodist Church ("DMC"), a license to the following:

1. Use (by the DMC staff) and storage (in the secure DMC church management software) of the data and images by digital or film photographs that I've provided on and with this form.

☐ Yes ☐ No

2. Inclusion in the DMC Online Directory of the following information (stored in the secure DMC church management software). The DMC Online Directory is password protected and available only to DMC Online Directory participants.

A. Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Home Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Cell Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Email	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Image (Photo)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. The use of images of myself and my name, that may be captured during my involvement in DMC ministries and activities, for church purposes, including but not limited to still photography, video, electronic, websites, and print publications.

☐ Yes ☐ No

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Second Adult in Household

I, \_\_\_\_\_ (please print name)  
hereby grant, voluntarily and with full understanding, to Dahlonega Methodist Church ("DMC"), a license to the following:

1. Use (by the DMC staff) and storage (in the secure DMC church management software) of the data and images by digital or film photographs that I've provided on and with this form.

☐ Yes ☐ No

2. Inclusion in the DMC Online Directory of the following information (stored in the secure DMC church management software). The DMC Online Directory is password protected and available only to DMC Online Directory participants.

A. Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Home Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Cell Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Email	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Image (Photo)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. The use of images of myself, that may be captured during my involvement in DMC ministries and activities, for church purposes, including but not limited to still photography, video, electronic, websites, and print publications.

☐ Yes ☐ No

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHILD 1**

First Name		Middle Name/Initial	
Last Name		Goes by Name	
Date of Birth: ____/____/____ Month/Day/Year		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
( ) -		( ) -	
Home Phone		Cell Phone	
Should your child receive urgent messages? Voice mail or <input type="checkbox"/> Home phone or <input type="checkbox"/> Cell or <input type="checkbox"/> None		<input type="checkbox"/> Email or <input type="checkbox"/> Text or <input type="checkbox"/> None	
Email: _____			
Should your child receive periodic emails?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child been baptized?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If your child has not been baptized, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time			
Has your child (4th grade and older) been confirmed or become a member of DMC?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If No or Not Sure, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time			

**CHILD 2**

First Name		Middle Name/Initial	
Last Name		Goes by Name	
Date of Birth: ____/____/____ Month/Day/Year		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
( ) -		( ) -	
Home Phone		Cell Phone	
Should your child receive urgent messages? Voice mail or <input type="checkbox"/> Home phone or <input type="checkbox"/> Cell or <input type="checkbox"/> None		<input type="checkbox"/> Email or <input type="checkbox"/> Text or <input type="checkbox"/> None	
Email: _____			
Should your child receive periodic emails?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child been baptized?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If your child has not been baptized, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time			
Has your child (4th grade and older) been confirmed or become a member of DMC?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If No or Not Sure, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time			

**CHILD 3**

First Name		Middle Name/Initial	
Last Name		Goes by Name	
Date of Birth: ____/____/____ Month/Day/Year		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
( ) -		( ) -	
Home Phone		Cell Phone	
Should your child receive urgent messages? Voice mail or <input type="checkbox"/> Home phone or <input type="checkbox"/> Cell or <input type="checkbox"/> None		<input type="checkbox"/> Email or <input type="checkbox"/> Text or <input type="checkbox"/> None	
Email: _____			
Should your child receive periodic emails?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child been baptized?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If your child has not been baptized, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time			
Has your child (4th grade and older) been confirmed or become a member of DMC?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If No or Not Sure, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time			

**CHILD 4**

First Name		Middle Name/Initial	
Last Name		Goes by Name	
Date of Birth: ____/____/____ Month/Day/Year		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
( ) -		( ) -	
Home Phone		Cell Phone	
Should your child receive urgent messages? Voice mail or <input type="checkbox"/> Home phone or <input type="checkbox"/> Cell or <input type="checkbox"/> None		<input type="checkbox"/> Email or <input type="checkbox"/> Text or <input type="checkbox"/> None	
Email: _____			
Should your child receive periodic emails?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child been baptized?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If your child has not been baptized, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time			
Has your child (4th grade and older) been confirmed or become a member of DMC?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If No or Not Sure, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time			

Do any of these children have special needs? \_\_\_\_\_

PLEASE COMPLETE THE MEDIA &amp; INFORMATION USE AGREEMENT ON PAGE 4.

## MEDIA & INFORMATION USE AGREEMENT

### For children under 18 years of age

I, \_\_\_\_\_ (please print name), Parent/Guardian of the children under 18 years of age listed below, hereby grant, voluntarily and with full understanding, to Dahlonega Methodist Church ("DMC"), a license to the following:

1. Use (by the DMC staff) and storage (in the secure DMC church management software) of the data and images by digital or film photographs that I've provided on and with this form.

2. Inclusion in the DMC Online Directory of the following information (stored in the secure DMC church management software). The DMC Online Directory is password protected and available only to DMC Online Directory participants.

- A. Name
- B. Address
- C. Home Phone
- D. Cell Phone
- E. Email
- F. Image (Photo)

3. The use of images of my child and my child's name, that may be captured during involvement in DMC ministries and activities, for church purposes, including but not limited to still photography, video, electronic, websites, and print publications.

Child 1 Name (please print):	Child 2 Name (please print):	Child 3 Name (please print):
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHILD 5**

First Name _____		Middle Name/Initial _____	
Last Name _____		Goes by Name _____	
Date of Birth: ____/____/____ Month/Day/Year		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
( ) -		( ) -	
Home Phone _____		Cell Phone _____	
Should your child receive urgent messages? Voice mail or <input type="checkbox"/> Home phone or		<input type="checkbox"/> Email or <input type="checkbox"/> Text or <input type="checkbox"/> Cell or <input type="checkbox"/> None	
Email: _____			
Should your child receive periodic emails?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child been baptized?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If your child has not been baptized, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time			
Has your child (4th grade and older) been confirmed or become a member of DMC?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If No or Not Sure, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time			

**CHILD 6**

First Name _____		Middle Name/Initial _____	
Last Name _____		Goes by Name _____	
Date of Birth: ____/____/____ Month/Day/Year		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
( ) -		( ) -	
Home Phone _____		Cell Phone _____	
Should your child receive urgent messages? Voice mail or <input type="checkbox"/> Home phone or		<input type="checkbox"/> Email or <input type="checkbox"/> Text or <input type="checkbox"/> Cell or <input type="checkbox"/> None	
Email: _____			
Should your child receive periodic emails?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child been baptized?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If your child has not been baptized, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time			
Has your child (4th grade and older) been confirmed or become a member of DMC?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If No or Not Sure, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time			

**CHILD 7**

First Name _____		Middle Name/Initial _____	
Last Name _____		Goes by Name _____	
Date of Birth: ____/____/____ Month/Day/Year		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
( ) -		( ) -	
Home Phone _____		Cell Phone _____	
Should your child receive urgent messages? Voice mail or <input type="checkbox"/> Home phone or		<input type="checkbox"/> Email or <input type="checkbox"/> Text or <input type="checkbox"/> Cell or <input type="checkbox"/> None	
Email: _____			
Should your child receive periodic emails?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child been baptized?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If your child has not been baptized, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time			
Has your child (4th grade and older) been confirmed or become a member of DMC?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If No or Not Sure, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time			

**CHILD 8**

First Name _____		Middle Name/Initial _____	
Last Name _____		Goes by Name _____	
Date of Birth: ____/____/____ Month/Day/Year		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
( ) -		( ) -	
Home Phone _____		Cell Phone _____	
Should your child receive urgent messages? Voice mail or <input type="checkbox"/> Home phone or		<input type="checkbox"/> Email or <input type="checkbox"/> Text or <input type="checkbox"/> Cell or <input type="checkbox"/> None	
Email: _____			
Should your child receive periodic emails?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child been baptized?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If your child has not been baptized, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time			
Has your child (4th grade and older) been confirmed or become a member of DMC?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If No or Not Sure, do you desire to be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time			

Do any of these children have special needs? \_\_\_\_\_

11/28/2023

**DEPENDENT ADULT 1 IN HOUSEHOLD**

First Name	Middle Name/Initial
Last Name	Goes by Name
Maiden Name	
Date of Birth: ____/____/____ Month/Day/Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Relationship to HOH (ex: parent, grandparent):	
____ ( ) - ____ ( ) -	
Home Phone	Cell Phone
Should this person receive urgent messages? <input type="checkbox"/> Email or <input type="checkbox"/> Text or Voice mail or <input type="checkbox"/> Home phone or <input type="checkbox"/> Cell or <input type="checkbox"/> None	
Email: _____	
Should this person receive periodic emails? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If this person has not been baptized, should they be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time	
Is this person a member of DMC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If this person is not a member of DMC, should they be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time	
Does this person have any special needs, circumstances or concerns?	

**DEPENDENT ADULT 2 IN HOUSEHOLD**

First Name	Middle Name/Initial
Last Name	Goes by Name
Maiden Name	
Date of Birth: ____/____/____ Month/Day/Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Relationship to HOH (ex: parent, grandparent):	
____ ( ) - ____ ( ) -	
Home Phone	Cell Phone
Should this person receive urgent messages? <input type="checkbox"/> Email or <input type="checkbox"/> Text or Voice mail or <input type="checkbox"/> Home phone or <input type="checkbox"/> Cell or <input type="checkbox"/> None	
Email: _____	
Should this person receive periodic emails? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If this person has not been baptized, should they be be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time	
Is this person a member of DMC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If this person is not a member of DMC, should they be contacted by our pastor? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time	
Does this person have any special needs, circumstances or concerns?	