Dahlonega 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 (DF HOUSEHOLD	SECOND	ADULT IN HOUSEHO	<u>LD</u>
First Name	Middle Name/Initial	First Name	Middle Name/In	itial
Last Name	Goes by Name	Last Name	Goes by Name	
Maiden Name		Maiden Name		
Date of Birth:// Month/Day/Yea		Date of Birth:/_ Month/Day/Ye	Gender:	Male Female
Marital Status:	ngle Married * Divorced Widowed	_	Single Married Div	vorced Widowed
* Anniversary Date:/_		Relationship to HOH (ex: s	spouse, sister, adult chil	d):
() -	() - Cell Phone	() -	() -	
Home Phone	Cell Phone	Home Phone	Cell Phone	
Email:		Email:		
Have you been baptized? If you have not been baptized, to be contacted by our pastor?		Have you been baptized? If you have not been baptize to be contacted by our paste		No Not Sure
Do you have any special needs	s, circumstances or concerns?	Do you have any special ne	eds, circumstances or cor	ncerns?
Joining by: (Check one)		Joining by: (Check one)		
Transfer from an Profession of Fai Profession of Fai	other United Methodist Church other denomination ith ith through Confirmation store-Affirmation of Faith	Transfer from a Profession of F Profession of F	another United Methodi another denomination Faith Faith through Confirmati estore-Affirmation of Fa	ion
If transferring: Previous Chu	ırch:	If transferring: Previous C	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 or bring to the office.

MEDIA & INFORMATION USE AGREEMENT

<u>Head of Household</u>	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:	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	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.	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 Yes No B. Address Yes No C. Home Phone Yes No D. Cell Phone Yes No E. Email Yes No F. Image (Photo) Yes No	A. Name Yes No B. Address Yes No C. Home Phone Yes No D. Cell Phone Yes No E. Email Yes No F. Image (Photo) Yes 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.	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	☐ Yes ☐ No
Signature:	Signature:Date:/

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Dahlonega l	Methodist	Church
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IEAD OF HOUSEHOLD NAME:	

CHILD 1		CHILD 2		
First Name	Middle Name/Initial	First Name	Middle Name/Initial	
Last Name Date of Birth:// Month/Day/Year	Goes by Name Gender: Male Female	Last Name Date of Birth:// Month/Day/Year	Goes by Name Gender: Male Female	
() - Home Phone Should your child receive urgent me Voice mail or Home		() - Home Phone Should your child receive urgen Voice mail or Hor		
Email: Should your child receive periodic e	emails? Yes No	Email: Should your child receive period	dic emails? Yes No	
Has your child been baptized? If your child has not been baptized to be contacted by our pastor?	Yes No Not Sure	Has your child been baptized? If your child has not been bapti to be contacted by our pastor?	Yes No Not Sure	
Has your child (4th grade and older a member of DMC? If No or Not Sure, do you desire to be contacted by our pastor?	been confirmed or become Yes No Not Sure Yes Not at this time	Has your child (4th grade and ol a member of DMC? If No or Not Sure, do you desire to contacted by our pastor?	Yes No Not Sure	
<u> </u>	CHILD 3		CHILD 4	
First Name	Middle Name/Initial	First Name	Middle Name/Initial	
Last Name Date of Birth:// Month/Day/Year	Goes by Name Gender: Male Female	Last Name Date of Birth:// Month/Day/Year	Goes by Name Gender: Male Female	
() -	() -	() - Home Phone	() -	
Home Phone Should your child receive urgent me Voice mail or Home	Cell Phone essages?	Should your child receive urgen	Cell Phone It messages?	
Should your child receive urgent me Voice mail or Home Email:	essages?	Should your child receive urgen	t messages?	
Should your child receive urgent me Voice mail or Home	essages?	Should your child receive urgen Voice mail or Hor	t messages?	
Should your child receive urgent me Voice mail or Home Email:	essages?	Should your child receive urgen Voice mail or Hor Email:	th messages?	

HEAD OF	HOUSEHOLD	NAME:
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MEDIA & INFORMATION USE AGREEMENT For children under 18 years of age

I,(please print name), F	Parent/Guardian of the childre	en under 18 years of age	listed below, hereby	
grant, voluntarily and with full understanding, to Dahlonega Methodist Church ("D			•	
	Child 1 Name (please print):	Child 2 Name (please print):	Child 3 Name (please print):	
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	Yes No	☐ 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 B. Address C. Home Phone D. Cell Phone E. Email F. Image (Photo)	Yes No	Yes No	Yes No	
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.	□Yes □ No	□Yes □ No	□Yes □ No	
Parent/Legal Guardian Signature: Date://				

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CHILD 5	CHILD 6
First Name Middle Name/Initial	First Name Middle Name/Initial
Last Name Date of Birth:// Goes by Name Gender: Male Female	Last Name Date of Birth:// Goes by Name Gender: Male Female
() - () - Home Phone Should your child receive urgent messages? Voice mail or Home phone or Cell or None	() - () - Home Phone Should your child receive urgent messages? Voice mail or Home phone or Cell or None
Email: Should your child receive periodic emails? Yes No	Email: Should your child receive periodic emails? Yes No
Has your child been baptized? If your child has not been baptized, do you desire to be contacted by our pastor? Yes No No Not Sure Not at this time	Has your child been baptized? If your child has not been baptized, do you desire to be contacted by our pastor? Yes No No Not Sure Yes Not at this time
Has your child (4th grade and older) been confirmed or become a member of DMC? If No or Not Sure, do you desire to be contacted by our pastor? Yes Not at this time	Has your child (4th grade and older) been confirmed or become a member of DMC? If No or Not Sure, do you desire to be contacted by our pastor? Yes Not at this time
CHILD 7	CHILD 8
First Name Middle Name/Initial	First Name Middle Name/Initial
	First Name Middle Name/Initial Last Name Goes by Name
First Name Middle Name/Initial Last Name Goes by Name Date of Birth:// Gender:	First Name Middle Name/Initial Last Name Goes by Name Date of Birth:// Gender:
First Name Middle Name/Initial	First Name Middle Name/Initial
First Name Middle Name/Initial	First Name Middle Name/Initial
First Name Middle Name/Initial	First Name Middle Name/Initial

Dahlonega Methodist Church

HEAD OF HOUSEHOLD N	NAME	IF:
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DEPENDENT ADUI	LT 1 IN HOUSEHOLD		DEPENDENT	ADULT 2 IN HOUSEHOLD
First Name	Middle Name/Initial		First Name	Middle Name/Initial
Last Name	Goes by Name		Last Name	Goes by Name
Maiden Name Date of Birth:// Month/Day/Year Marital Status: Single Relationship to HOH (ex: parent, g	Gender: Male Married Divorced grandparent):	☐ Female	Maiden Name Date of Birth://_ Month/Day/Year Marital Status:	e Married Divorced Widowed
() - Home Phone Should this person receive urgent me Voice mail or Home ph Email: Should this person receive periodic e	none or Cell c	Text or None	() - Home Phone Should this person receive urge Voice mail or Ho Email: Should this person receive peri	me phone or Cell or None
Has this person been baptized? If this person has not been baptized, contacted by our pastor?	Yes No No should they be Yes Not at the	Not Sure	Has this person been baptize If this person has not been bap be contacted by our pastor?	
Is this person a member of DMC? If this person is not a member of DM contacted by our pastor?	Yes No No No No Not at the	Not Sure	Is this person a member of DMC If this person is not a member contacted by our pastor?	
Does this person have any special need	s, circumstances or conc	erns?	Does this person have any specia	al needs, circumstances or concerns?

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