

Dahlonega Methodist Church HOUSEHOLD INFORMATION

Date Joined:	Date
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Mailing Address:				
	Address	City	ST	ZIP
Home Address:				
(if not same as mailing address)	Street	City	ST	ZIP
HEAD	O OF HOUSEHOLD	SECOND	ADULT IN HOUSEHO	DLD
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/		Male Female
Marital Status: Single		Marital Status:		vorced Widowed
* Anniversary Date:	, – , – –	Relationship to HOH (ex:		_
•		·		·
() -	() -	() -	() .	-
Home Phone	Cell Phone	Home Phone	Cell Phone	
Email:		Email:		
Have you been baptized?	Yes No Not Sure	Have you been baptized?	Yes	No Not Sure
If you have not been baptize		If you have not been baptiz		
to be contacted by our pasto	or? Yes Not at this time	to be contacted by our pas	tor?	Not at this time
Do you have any special nee	eds, circumstances or concerns?	Do you have any special n	eeds, circumstances or c	oncerns?
Transfer from and Transfer from and Profession of Fai Profession of Fai	other Methodist Church other United Methodist Church other denomination th th through Confirmation tore-Affirmation of Faith	Transfer from Transfer from Profession of Profession of	another Methodist Chu another United Method another denomination Faith Faith through Confirma Restore-Affirmation of F	list Church tion
If transferring: Previous Cl	hurch:	If transferring: Previous 0	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.

01/31/2025 Updated

MEDIA & INFORMATION USE AGREEMENT

Head of Household	Second Adult in Household
l,(please print name) hereby grant, voluntarily and with full understanding, to Dahlonega Methodist Church ("DMC"), a license to the following:	l,(please print name) hereby grant, voluntarily and with full understanding, to Dahlonega Methodist Church ("DMC"), a license to the following:
 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.
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.	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 F. Image (Photo) Yes No Yes No No	A. Name B. Address C. Home Phone D. Cell Phone F. Image (Photo) Yes No 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
Date:/	Date://

11/28/2023 Page 2 of 4

HEAD OF HOUSEHOLD NAME:

Has your child (5th 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 been baptized? If your child has not been baptized, do you desire to be contacted by our pastor? Yes Not at this time	Email: Should your child receive periodic emails? Yes No	() - () - Home Phone Cell Phone Should your child receive urgent messages? ☐ Email or ☐ Text or Voice mail or ☐ Home phone or ☐ Cell or ☐ None	Last Name Goes by Name Date of Birth: ///	CHILD 3 First Name Middle Name/Initial	Has your child (5th 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 No t 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 Not at this time	Email: Should your child receive periodic emails? Yes No	() - () - Home Phone Should your child receive urgent messages? Voice mail or Home phone or Cell or None	Last Name Date of Birth: / / Gender: ☐ Male Month/Day/Year	First Name Middle Name/Initial
Has your child (5th 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 been baptized? If your child has not been baptized, do you desire to be contacted by our pastor? Yes Not at this time	Email: Should your child receive periodic emails? Yes No	Home Phone Cell Phone Should your child receive urgent messages? Voice mail or Home phone or Cell or None	Last Name Date of Birth: / / Gender: Male Female Month/Day/Year	CHILD 4 First Name Middle Name/Initial	Has your child (5th 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 No tat this time	Has your child been baptized? If your child has not been baptized, do you desire to be contacted by our pastor? Yes Not at this time	Email: Should your child receive periodic emails? Yes No	() - () - Home Phone Cell Phone Should your child receive urgent messages? Voice mail or ☐ Home phone or ☐ Cell or ☐ None	Last Name Date of Birth:	First Name Middle Name/Initial

HEAD OF HOUSEHOLD NAME:

MEDIA & INFORMATION USE AGREEMENT For children under 18 years of age

,(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:	/Guardian of the chilc a license to the follo	nildren under 18 years of age llowing:	listed below, hereby
	Child 1 Name (please print):	Child 2 Name (please print):	Child 3 Name (please print):
 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
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.	□Yes □ No	□Yes □ No	□Yes □ No
Parent/Legal Guardian Signature: Date: / /			

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Dahlonega Methodist Church

HEAD OF HOUSEHOLD NAME:

CHI First Name	CHILD 5 Middle Name/Initial	CH First Name	CHILD 6 Middle Name/Initial
First Name	Middle Name/initial	rirst 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
() - Home Phone	Cell Phone	Home Phone	Cell Phone
Email		Email	
Has your child been baptized? If your child has not been baptized, do you desire to be contacted by our pastor? Yes	Yes No Not Sure O you desire Yes 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	Yes No Not Sure do you desire Yes Not at this time
Has your child (5th grade and older) been confirmed or become a member of DMC?	een confirmed or become	Has your child (5th grade and older) a member of DMC?	grade and older) been confirmed or become Yes No No Not Sure
contacted by our pastor?	Yes Not at this time	contacted by our pastor?	Yes Not at this time
<u>H3</u>	CHILD 7	<u> </u>	CHILD 8
First Name	Middle Name/Initial	First Name	Middle Name/Initial
Last Name Date of Birth: / / Month/Day/Year	Goes by Name Gender: Male Hemale	Last Name Date of Birth: /// Month/Day/Year	Goes by Name Gender: Male
Home Phone	Cell Phone	() - Home Phone	() - Cell Phone
Email		Email	
Has your child been baptized? If your child has not been baptized, do you desire to be contacted by our pastor?	Yes No Not Sure O you desire Yes 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	☐ Yes ☐ No ☐ Not Sure do you desire ☐ Yes ☐ Not at this time
Has your child (5th grade and older) been confirmed or become a member of DMC? If No or Not Sure, do you desire to be	een confirmed or become	Has your child (5th grade and older) a member of DMC? If No or Not Sure, do you desire to be	grade and older) been confirmed or become Yes No No Not Sure
contacted by our pastor?	Yes Not at this time	contacted by our pastor?	Yes Not at this time

Do any of these children have special needs? #REF!