



Welcome  
to  
**CALVARY  
CHURCH**

# Connection Card

### Let us know how to contact you.

Change of information Date: \_\_\_\_\_

**Title:**  Mr. & Mrs.  Mr.  Mrs.  Dr.  Rev.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### Help us get to know you and your family better.

**Status:**  Single  Married  Widow / Widower

Spouse's Name: \_\_\_\_\_

Spouse's Email: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Would you like more information?

Would you like a visit?

Would you like counseling?

**Please place completed card in collection plate.**