

Name _____

MARITAL STATUS OF PASTOR (Check One):

- | | | |
|---|---|--|
| <input type="checkbox"/> 1. Single, never married | <input type="checkbox"/> 4. Divorced, not remarried | <input type="checkbox"/> 7. Widowed, not remarried |
| <input type="checkbox"/> 2. Married, without children | <input type="checkbox"/> 5. Divorced, remarried, without children | <input type="checkbox"/> 8. Widowed, remarried, without children |
| <input type="checkbox"/> 3. Married, with children | <input type="checkbox"/> 6. Divorced, remarried, with children | <input type="checkbox"/> 9. Widowed, remarried, with children |

FAMILY INFORMATION

Wife's Name: Title: _____ First: _____ Middle: _____ Last _____ Maiden: _____

Wife's Email _____

Date of Marriage _____ Wife's Birthdate _____ Wife's Birthplace _____

Vocation/Abilities of Wife _____

Children (Name, Birthdate, Sex) (Note if deceased) (List last name if different from above):

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

Children at Home - Designate by Numbers Above _____

SPECIAL FAMILY INFORMATION (Physical disabilities, serious health problems, or other matters):

SET: Yes No

DATE LAST MODIFIED: _____

Name _____