



Mount Bethel Baptist Church  
 4636 Indian River Road  
 Virginia Beach, VA 23456  
 Office (757) 471-0916 Fax (757) 471-2954  
 Email: mtbethel@vacoxmail.com



**CONFIDENTIAL**

**MBBC Contact Information Form (Members Only)**

**Family Information:**

**Date:**

<b>Member's Name</b>		
<b>Optional: Please include church membership number(s) for family members if applicable.</b>		
<b>Adult Names in the Household (Church Member: Yes or No)</b>		<b>Anniversary Date</b>
<i>Spouse and DOB:</i> _____	Yes or No	
<i>Child and DOB:</i> _____	Yes or No	
<i>Child and DOB:</i> _____	Yes or No	
<i>Other Family Member and DOB:</i> _____	Yes or No	
<b>Mailing Address</b>		
<b>Home Telephone Number</b>	<b>Contact Cell Telephone Number</b>	
<b>Email Address</b>		
<b>Hobbies (example: arts and crafts)</b>		
<b>Skills (example: electrical, masonry)</b>		
<b>Certification (example: commercial driver, HVAC)</b>		
<i>Romans 12:3-8, tells us that we have been given gifts to serve. Where would you like to serve in the Church?</i>		
<b>If areas of interest in the Church is a committee and/or auxiliary please indicate:</b>		

(Please circle YES or NO): **I am a veteran YES or NO / My spouse is a veteran YES or NO**

*Please give Mount Bethel Baptist Church your permission to include the above information and/or picture(s) in the MBBC Directory by printing, signing and dating below.*

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## MBBC Contact Information Form (Members Only)

### Child (s) Information:

There will be events that your child may be participating in at MBBC. Please indicate any special information needed (example: allergies, special needs, etc.)

List the Child(s) Name	Date of Birth	Living in the Household (yes or no)

### Pertinent Information:

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In the event of an emergency, who should be contacted?

Name	Cell Phone No.	Home Phone No.
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I understand that by signing page 2 of this document which pertains to a minor child, I am or am not giving my consent depending upon the option chosen. Please read carefully and if you are the legal guardian of above minor child(s), please sign your name on the line adjacent to the statement to which agree/choose.

\_\_\_\_\_ Yes, I do give permission for my child(s) to be photographed and/or videotaped for MBBC events and activities.

\_\_\_\_\_ No, I *DO NOT* give permission for my child(s) to be photographed and/or videotaped for MBBC events and activities.

\_\_\_\_\_ *Do Not* include the above information and/or picture in the MBBC Directory.

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***OFFICIAL OFFICE STAFF – Brenda Byas***

**Date Received:**

**Data Recorded:**