

PRESBYTERIAN CHURCH (USA)

FAMILY INFORMATION FORM

HEAD OF HOUSEHOLD INFORMATION											
Last Name:		First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Rev.	Marital status (circle one) Single / Mar / Div / Sep / Wid			
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what is your legal name?			Birth Date: / /		Anniversary Date: / /		Age: 	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:				Home Phone Number: ()			Cell Phone Number: ()				
P.O. box:		City:			State:		ZIP Code:				
Email Address:											
Occupation:		Employer:		Is it permissible to call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No			Employer Phone Number: ()				
Are you a member of this congregation? <input type="checkbox"/> Yes <input type="checkbox"/> No			Since?		Ordained? <input type="checkbox"/> Elder <input type="checkbox"/> Deacon <input type="checkbox"/> Pastor						
Are you interested in becoming a member of our congregation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not at this time											
How did you hear about us? <input type="checkbox"/> Friend		<input type="checkbox"/> Close to home/work		<input type="checkbox"/> Internet Search		<input type="checkbox"/> Other					
Did you grow up in the church? <input type="checkbox"/> Yes <input type="checkbox"/> No Denomination?					Did your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No Denomination?						
FAMILY INFORMATION											
Name of Spouse:		Birth date: / /		Address (if different):			Home Phone Number: ()				
Email Address:											
Occupation:		Employer:		Is it permissible to call them at work? <input type="checkbox"/> Yes <input type="checkbox"/> No			Employer Phone Number: ()				
Is your spouse a member of this congregation? <input type="checkbox"/> Yes <input type="checkbox"/> No			Since?		Ordained? <input type="checkbox"/> Elder <input type="checkbox"/> Deacon <input type="checkbox"/> Pastor						
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many?		Do they live with you?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child's First Name:		Last Name:		Date of Birth: / /		Mobile Phone Number:		Date of Baptism: / /		Member?	
				/ /				/ /			
				/ /				/ /			
				/ /				/ /			
				/ /				/ /			
				/ /				/ /			
Anything else we should know about your family?											
IN CASE OF EMERGENCY											
Name of local friend or relative (not living at same address):				Relationship:		Home phone no.: ()		Work phone no.: ()			

THANK YOU!

*This information will be stored in your family file in the church office and made available only to the pastor, staff, and church officers as needed

PRESBYTERIAN CHURCH (USA)

Annual Family Contact Record

Shepherding Groups

NAME OF FAMILY:											
Month	Method of Contact							Comments			
	C	P	E	I	V	H	N	C = Card P = Phone E = Email I = In Person V = Visit H = Hospital Visit N = No Contact			
January											
February											
March											
April											
May											
June											
July											
August											
September											
October											
November											
December											

Special Concerns/Prayer Requests:

PRESBYTERIAN CHURCH (USA)

Monthly Contact Form

Shepherding Groups

Shepherd: _____ Month _____

C = Card P = Phone E = Email I = In Person V = Visit H = Hospital Visit N = No Contact

Name of Person Contacted	Method	Comments/Information
Is this person a member of SLPC? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, how connected:	C	Does the pastor or moderator of the Board of Deacons have permission to share this information discreetly as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P	
	E	
	I	
	V	
	H	
	N	
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	I	
	V	
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	N	

**Please give this form to the Moderator of the Board of Deacons. It will only be shared with the pastor.*

PRESBYTERIAN CHURCH (USA)

Monthly Shepherd Report

Shepherd: _____ Meeting Date: _____

New Pastoral Concerns:

Ongoing Pastoral Concerns:

Other concerns:

Are there any members of your shepherding group you are having a hard time connecting with, who are upset with the church, or are considering leaving the church?

Are there specific pastoral concerns to which the pastoral staff should be aware or attentive?

Monitoring of member's attendance (areas of concern and/or celebration):

How can we encourage and pray for *your flock* over the next two months?

How can we encourage and pray for *you as a shepherd* over the next two months?