

**Mountain View Conference - Minister's Report  
New Member/Spiritual Partner**

Church Name \_\_\_\_\_ Pastor \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Marriage Date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: \_\_\_Single \_\_\_Married \_\_\_Divorced \_\_\_Widowed Gender: \_\_\_M \_\_\_F

Ethnicity: \_\_\_Caucasian \_\_\_Hispanic Other \_\_\_\_\_ Language \_\_\_\_\_

Occupation / School Currently Attending & Grade \_\_\_\_\_ \_\_\_Retired

Name of Parents or Spouse Currently Residing With:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_Baptism\*\* (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_Re-baptism (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Baptized By: \_\_\_\_\_

\_\_\_ Profession of Faith\*\* (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*Spiritual Partner Information (assigned to each new member joining by baptism or profession of faith)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Send materials to new member in \_\_\_English \_\_\_Spanish

Only one name per form, please.

Mail to: Mountain View Conference, 1400 Liberty Street, Parkersburg, WV 26101

Fax: 1-304-422-4582

White and yellow - MVC; pink - church clerk; goldenrod - pastor