

**Welcome to Our Life Group!**

**Leaders:** \_\_\_\_\_

Please help us get to know you and respond to your needs  
by completing the following information. Thank You!

**Family Name:** \_\_\_\_\_

**Husband's First Name/nickname:** \_\_\_\_\_

**Husband's Birthday:** \_\_\_\_\_

**Wife's First Name/nickname:** \_\_\_\_\_

**Wife's Birthday:** \_\_\_\_\_

**Anniversary Date:** \_\_\_\_\_

**Number of children:** \_\_\_\_\_

(Optional) List the names and relationships of other family members living in or out of your home for whom prayer might be requested/needed (children/grandchildren/parents):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your mailing address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Phone Numbers:** Home: \_\_\_\_\_

Husband's Cell: \_\_\_\_\_

Wife's Cell: \_\_\_\_\_

**Email address:** Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

**Continue on Back** 

**Help us get to know you better!**

**Optional Information:**

**Occupation:**

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

**Hobbies/Special Interest:**

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

**Which service do you regularly attend?** \_\_\_\_\_

Where do you normally sit (if you have a seating preference)? \_\_\_\_\_

**Ministries in which you are currently involved (Host, Childcare, Choir, etc.):**

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

**Special prayer needs/requests (optional):**

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**Comments (optional):**

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