

**CHURCH OF JESUS CHRIST
OAK GROVE RESTORATION BRANCH**

Request for Branch Membership and/or Branch Directory Listing

According to branch by-laws, the Membership Record and the Membership Directory is to be established and kept current. Timely completion of this form by every family is appreciated. Thank you for your help in this very important task.

DATE: _____

NAME: _____
LAST FIRST MIDDLE

Single ___ Married ___ Divorced ___ Widowed ___ Male ___ Female ___ Member ___ Non-Member ___

FULL ADDRESS: _____
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER : () - _____

NAME OF SPOUSE: _____ Member ___ Non-Member ___

NAME(s) OF CHILDREN: (fill in blanks below)

NAME OF CHILD	BIRTH DATE	MALE	FEMALE	NON-MEMBER	MEMBER	BLESSING DATE	BAPTISM DATE

Email address if you want to receive prayer requests and announcements: _____

Do you wish to become a voting member of the Church of Jesus Christ-Oak Grove Restoration Branch? (long distance ineligible)

Self: Yes ___ No ___ **Spouse:** Yes ___ No ___ **Children:** Yes ___ No ___

IF YOU PREFER NOT TO BE A VOTING MEMBER, would you like to be listed in the yearbook?

Self: Yes ___ No ___ **Spouse:** Yes ___ No ___ **Children:** Yes ___ No ___

Where is your membership now? Branch: _____

Stake or District: _____

Are you a priesthood member? Yes ____ No ____

Priesthood Office	Date of Ordination	Ordained by:	Assisted by:	Church/Stake/District City/State

INFORMATION ON SELF:

Date of Birth: _____ Were you blessed as a child (RLDS or Restoration)? Yes ____ No ____

Date of Baptism: _____ Date of Confirmation: _____

Where were you baptized? _____
CHURCH NAME STAKE OR DISTRICT CITY/STATE

Name of Father: _____ Member ____ Non-Member ____

Name of Mother: _____ Member ____ Non-Member ____

INFORMATION ON SPOUSE:

Date of Birth: _____ Was spouse blessed as a child in the RLDS Church? Yes ____ No ____

Date of Baptism: _____ Date of Confirmation: _____

Where was spouse baptized? _____
CHURCH NAME STAKE OR DISTRICT CITY/STATE

Name of Father: _____ Member ____ Non-Member ____

Name of Mother: _____ Member ____ Non-Member ____

OTHER INFORMATION YOU WOULD LIKE TO SHARE:

I have received, read, understand and agree with the Church of Jesus Christ - Oak Grove Restoration Branch Bylaws.

PLEASE SIGN: _____ Date: _____

Please Return Promptly to Gena Martin, RECORDER, for Timely Processing

THANK YOU

RECORDER'S SIGNATURE: _____ Date: _____

PASTOR'S SIGNATURE: _____ Date: _____