

Partnership Information Form

Please complete the following:

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. date: _____ name: _____ address: _____ _____
phone #(s) : _____ _____
e-mail: _____
birthday (optional): _____ <input type="checkbox"/> single <input type="checkbox"/> married
anniversary (optional): _____
<input type="checkbox"/> children (names & ages): _____ _____ _____

How long have you attended Way of Grace?

Last church attended before Way of Grace? (please indicate length of attendance)

Were you a member/partner at previous church?

Did you leave previous church on good terms? If not, please explain.

Have you personally placed your trust in Jesus Christ as Lord and Savior? yes no not sure

Have you expressed your personal repentance and faith toward God by being baptized? If yes, please describe the circumstances.

In the space below, please briefly describe the circumstance surrounding your conversion to Christ: