MONTHLY MEETING RECORD OF MEMBERSHIP

No.	
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NAME (First, Middle,	Last)				
Other name(s) used					
ADDRESS					
-					
BIRTH Place			Date:		
Name of Pa	irent				
Other name	(s) used				
Name of Pa	irent				
Other name	(s) used				
MEMBERSHIP	Kind	Date Begun	Date Terminated		
	Junior				
	Adult				
Received into member	ership by:	\Box Birth \Box Request of parent(s)	Personal Application		
Certificate of Transfer from (monthly meeting):					
Letter from		(faith community) in _			
Membership terminated by: Death (date and place of burial					
□ Resignation □ Disownment □ Discontinuance					
Certificate of Transfer to (monthly meeting):					
Letter to (faith community in					
Date membership ter	minated:				
MARITAL DATA	Date	Place			
Name of Spouse					
Names of Spouse's Parents (including other names used, if applicable):					
Spouse's Religious A	filiation:				
Death of Spouse: Date		Place of burial			

Previous/subsequent marriages of member:	
CHILDREN OF MEMBER	
Name	Date of Birth
Place of birth	
Additional information (address[es], marriage or other useful info	rmation)
 Name	
Place of birth	
Additional information (address[es], marriage or other useful info	
Name	Date of Birth
Place of birth	
Additional information (address[es], marriage or other useful info	rmation)
Name	
Place of birth	
Additional information (address[es], marriage or other useful info	rmation)

ADDITIONAL INFORMATION FOR MEMBER

(attach to membership record)

	No
NAME (First, Middle, Last)	
ADDITIONAL INFORMATION FOR MEMBER	
ADDITIONAL INFORMATION FOR CHILD(REN) OF MEMBER	