

## HOUSEHOLD INFORMATION

<i>For office use only:</i>	Info entered in database by (initial): _____ Date: _____ Info to Director of Christian Formation: _____ Info to Ministry Program Coordinator: _____
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Christ Episcopal Church, North Hills  
5910 Babcock Blvd  
Pittsburgh, PA 15237  
(412-364-2442)

### General Household Information

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

Head of Household: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Unlisted (Circle One): Y N

*(This is for a LANDLINE phone number ONLY. If you do not have a landline, please leave blank.)*

Household Email: \_\_\_\_\_ Unlisted (Circle One): Y N

### Primary Address:

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

### Household Alternate Address: *(If you spend part of the year at another residence.)*

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Alt Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Unlisted (Circle One): Y N

*(This is for a LANDLINE phone number ONLY. If you do not have a landline, please leave blank.)*

Approximate dates you live at this address:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Would you like your family's membership records transferred to Christ Church? Circle one: Y N

If yes, please provide the parish name and address where records are located. **Please note:** We will make up to 2 attempts to request your records on your behalf within a 6-month period. If unsuccessful, we encourage you to try. We recognize some denominations, parishes, or congregations do not transfer records.

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## INDIVIDUAL INFORMATION –

### PLEASE MAKE AS MANY COPIES AS YOU NEED – ONE FOR EACH FAMILY MEMBER

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#### Member Information Form

*Please make as many copies as you need – one for each family member in your household.\**

Title: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Gender: \_\_\_\_\_

Marital Status: (Circle One) Single Married Divorced Widowed

Denomination: \_\_\_\_\_

Personal Cell Phone: \_\_\_\_\_ Cell Unlisted (Circle One): Y N

Personal Email: \_\_\_\_\_ Email Unlisted (Circle One): Y N

#### Special Events

^Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) City: \_\_\_\_\_

Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) City: \_\_\_\_\_

Church: \_\_\_\_\_ Clergy: \_\_\_\_\_

Sponsor 1: \_\_\_\_\_ Sponsor 2: \_\_\_\_\_

Confirmation:

\_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) City: \_\_\_\_\_

Church: \_\_\_\_\_ Clergy: \_\_\_\_\_

Reception: *(If confirmed in a denomination other than Episcopal, Roman Catholic, or Lutheran.)*

\_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) City: \_\_\_\_\_

Church: \_\_\_\_\_ Clergy: \_\_\_\_\_

Marriage:

\_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) City: \_\_\_\_\_

Church: \_\_\_\_\_ Clergy: \_\_\_\_\_

*\*If your children are grown and no longer live at your residence, please list their name, birthdate, phone and where they are living. This information is particularly helpful during times where pastoral care is needed or requested.*

**^Birthdate is required data in our database software.** We also acknowledge birthdays in our newsletters – though we never publish days or years. Additionally, we acknowledge “milestone” birthdays with special communications such as cards and emails. If you prefer we do not acknowledge your day, please tell us.

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**Member Information Form – 2 Family Member Name:** \_\_\_\_\_

Primary Language: \_\_\_\_\_

Secondary Language: \_\_\_\_\_

### Work Information (for adults)

\_\_\_\_\_ I'm retired.

Occupation: \_\_\_\_\_

Workplace: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_ Unlisted: (Circle One) Y N

Work Email: \_\_\_\_\_ Unlisted: (Circle One) Y N

### School Information (for children) – *Information shared with Christian Formation Department*

\_\_\_\_\_ This child is not old enough to be in school. I am registering for nursery care.

\_\_\_\_\_ This Child is in Preschool/PreKindergarten at \_\_\_\_\_

School District: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Class of (*please list year of projected high school graduation*) \_\_\_\_\_

**If in Elementary School**, at what grade will the child move on to middle school? \_\_\_\_\_

What middle school will they attend? \_\_\_\_\_

**If in Middle School**, at what grade will the child move on to high school? \_\_\_\_\_

What high school will they attend? \_\_\_\_\_

\_\_\_\_\_ This child is in college. What School? \_\_\_\_\_

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Member Information Form – 3 Family Member Name: \_\_\_\_\_

**Medical/Allergy Information – Please list below any medical conditions and allergies you have.**

*For children being registered for Sunday School, this information is required.*

*For adults, this information is optional, but encouraged for those who have chronic conditions.*

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**Are there other issues or concerns of which we should be aware?**

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**INDIVIDUAL ALTERNATIVE ADDRESS:** *for adults who work out of town; children of divorced parents; or college students*

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Alt Home Phone: (\_\_\_\_) \_\_\_\_\_ Unlisted (Circle One): Y N

*(This is for a LANDLINE phone number ONLY. If you do not have a landline, please leave blank.)*

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**Member Information Form – 4 Family Member Name:** \_\_\_\_\_

### **MEDIA WAIVER**

\_\_\_\_\_ I understand photography and videography are frequently used during services and events at Christ Episcopal Church, North Hills.

\_\_\_\_\_ I, self/parent or guardian (**circle one**) grant permission to Christ Episcopal Church, North Hills to take photos and videos of me/my child (**circle one**) which may be used for promotional purposes including, but not limited to print publications, social media and other public relations materials for the parish and may be considered for similar use by the Episcopal Diocese of Pittsburgh at their discretion, sometimes with or without parish permission.

\_\_\_\_\_ I understand I will NOT be paid for these images and have no legal rights to them.

\_\_\_\_\_ I understand children's names will NOT be published in photo captions nor will they be identified by name on screen in livestreamed services or events.

\_\_\_\_\_ I release Christ Episcopal Church, North Hills and the Episcopal Diocese of Pittsburgh, their employees and agents from any and all claims, whatsoever, of harm or otherwise, should such occur from showing, using, or distributing these images.

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**Time and Talent Survey**      **Family Member Name:** \_\_\_\_\_

*As each has received a gift, use it to serve one another,  
as good stewards of God's varied grace. 1 Peter 4:10*

Christ Church has many opportunities to get involved in serving in the parish, the community, and the world. Below is a quick overview of our current active ministries. Please read through and indicate where you'd be interested in serving.

### **Worship:**

\_\_\_\_\_ **Acolyte:** *Age 10 through adult;* lead the procession, light candles, assist during Eucharist.

\_\_\_\_\_ **Altar Guild:** care and maintain Eucharistic elements; prepare Chancel for worship.

\_\_\_\_\_ **Chancel Choir:** Choral singing; lead congregational hymns.

\_\_\_\_\_ **Greeters:** Greet and welcome parishioners, visitors, and newcomers to worship.

\_\_\_\_\_ **Lay Readers/Chalice Bearers:** Reading during worship; assists with chalice at Eucharist.

\_\_\_\_\_ **Ushers:** Seat parishioners; collect offering; guide parishioners during Eucharist.

### **Christian Formation:**

\_\_\_\_\_ **Nursery:** Caring for children from Infant to age 3.

\_\_\_\_\_ **Sunday School:** Teaching children from age 3 through Confirmation.

\_\_\_\_\_ **Raising Saints Committee:** VBS and seasonal fellowship programs for children & families.

\_\_\_\_\_ **Royal School of Church Music:** Assist with music education program for children & youth.

\_\_\_\_\_ **Youth Group Leader:** Lead activities/Bible study for post-confirmands.

\_\_\_\_\_ **Adult Forum/Bible Study Leaders:** Leading formation programs for adults.

### **Stewardship:**

\_\_\_\_\_ **Vestry:** (similar to a "parish council") elected stewards of the parish – 3 year term.

\_\_\_\_\_ **Stewardship Committee:** Manage annual pledge campaigns and help with budget planning.

\_\_\_\_\_ **Warden's Gang:** Building and grounds maintenance group.

\_\_\_\_\_ **Memorial Garden Committee:** Maintain the burial ground between the church and rectory.

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**Time and Talent Survey – 2**      **Family Member Name:** \_\_\_\_\_

#### **Parish Care:**

\_\_\_\_\_ **Altar Flower Delivery:** a rota of dedicated volunteers who take the Altar Flowers to those who are shut in, in the hospital, bereaved, or celebrating a milestone event.

\_\_\_\_\_ **Caring Committee:** “Meal Train” service for parishioners with new babies, recovering from surgery, acute illness, in bereavement, or facing other challenges.

\_\_\_\_\_ **Cradle Roll:** Welcomes new babies and baptized infants to the parish.

\_\_\_\_\_ **Lay Eucharistic Visitors:** Lay ministers are charged with taking the Eucharist to share with homebound members.

\_\_\_\_\_ **Newcomers Committee:** Interact with new members on a regular basis and offering seasonal receptions to get to know each other.

#### **Fellowship:**

\_\_\_\_\_ **Events Committee:** Responsible for larger parish parties and special events.

\_\_\_\_\_ **Coffee Hour Ministers:** Provides refreshment and set up and clean-up at weekly coffee hour.

\_\_\_\_\_ **The Little Gallery:** Parish artists are invited to show off their talents in all kinds of artistic media in the little nook between the Narthex and Office Hallway.

#### **Outreach and Mission:**

\_\_\_\_\_ **Beloved Community Initiative:** A Diocesan project fostering racial reconciliation.

\_\_\_\_\_ **Holiday Gifts Program:** Seasonal toy, gift and basket drives for Christmas and Easter.

\_\_\_\_\_ **Jubilee Cooks:** Meal prep for and delivery to Jubilee Soup Kitchen in the Hill District.

\_\_\_\_\_ **Mustard Seed Project:** Mission aiding African orphans in Uganda and Rwanda.

\_\_\_\_\_ **No-Guilt Needleworkers:** Knits hats for preemie babies & lap blankets for the homebound.

\_\_\_\_\_ **Outreach Committee:** Coordinates new outreach projects as needs arise. Organizes food drives for local food pantries.

\_\_\_\_\_ **Resettlement Project:** Local mission welcoming and aiding with refugees into our community.

\_\_\_\_\_ **Run For Thy Neighbor 5K:** Annual fundraiser walk/run to raise funds for local charitable organizations.

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Time and Talent Survey – 3      Family Member Name: \_\_\_\_\_

### Other Opportunities:

\_\_\_\_\_ Event Set-up and Take-down

\_\_\_\_\_ Event Security

\_\_\_\_\_ Photography

I would like to suggest the following service project(s):

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I have served in the following ways for other churches and organizations:

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How much time are you willing to give? (list by number of hours):

\_\_\_\_\_ weekly      \_\_\_\_\_ monthly      \_\_\_\_\_ seasonally      \_\_\_\_\_ yearly      \_\_\_\_\_ as needed

If you are interested in volunteering in a worship ministry, which service(s) do you prefer? (Circle all that apply.)

Sunday:      8:00 a.m.      10:00 a.m.      11:55 a.m.      Evensong

Weekday:      Morning Prayer

Other: \_\_\_\_\_

### Background Check

Some of the opportunities on the Time and Talent Survey may require background checks. Have any adults in your household completed a PA Commonwealth Background Check?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, is your background check on file at Christ Church?

\_\_\_\_\_ Yes      \_\_\_\_\_ No



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Personal Notes                      Family Member Name \_\_\_\_\_

Whom would you like Christ Church to notify in case of an emergency?

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OPTIONAL:** If you have made funeral arrangements and would like to inform the church office of your wishes, please complete the following:

Funeral Service Hymns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Funeral Readings (please list Book, Chapter:verse):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Funeral Service Preference:    Rite I \_\_\_\_\_              Rite II \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Phone: \_\_\_\_\_

Place of Interment:    \_\_\_\_\_ Christ Church Memorial Garden

                                 \_\_\_\_\_ Christ Church Columbarium

If neither of the above, name of Cemetery \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_