

# Polkville Baptist Church

Post Office Box 245 ♦ Polkville, North Carolina 28136

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www.polkvillebaptist.com

## APPLICATION

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Spouse Name \_\_\_\_\_ Spouse Birth Date \_\_\_\_\_

	<b>Children's Name(s)</b>	<b>Gender</b>	<b>Birth Date</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Church Name \_\_\_\_\_ Pastor \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Clothing Closet Representative \_\_\_\_\_ Date \_\_\_\_\_