



Member Information Update Form

Name: _____ Birthday: _____ Gender: _____

Home Address: _____ Other Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home/Other phone: _____

Email address: _____

Date Baptized: _____ Church/State: _____

Date Confirmed: _____ Church/State: _____

If you would like to be baptized, confirmed, or received in The Episcopal Church, would you like to be contacted about this? Yes No

Marital Status: Single Married Other

Anniversary, if relevant: _____

If widowed, please help us remember your loved one by identifying the date of his or her passing: _____

Spouse/Partner Information

Name: _____ Birthday: _____ Gender: _____

Cell Phone: _____ Home/Other phone: _____

Email address: _____

Date Baptized: _____ Church/State: _____

Date Confirmed: _____ Church/State: _____

If they would like to be baptized, confirmed, or received in The Episcopal Church, would you like to be contacted about this possibility? Yes No

Publish in Church Directory? (If nothing is marked, we will automatically include the information provided)

Table with 4 columns: Item, NO, Spouse/Partner Name, NO. Items include: Your Name, Home/Cell phone (circle one), Home address/ P.O. Box (circle one), Your Email address, Your photo, Spouse Cell/Another phone (circle one), Email address, Children name(s), Family photo.

Areas of Involvement / Interest (circle as many as applicable)

Table with 6 columns: Outreach, Music, STEAM A/V, Adult Formation, Sunday School, Eucharistic Minister, Youth Group/Leader, Daughters of the King, Welcoming Hearts, Bishop's Committee, Stewardship, Fellowship Host, Lay Reader, Usher/Greeter, Lay Pastoral Care, Altar Guild, Groundskeeping.



Member Information Update Form continued

Child(ren) Information (please use another sheet if needed)

Name: _____ Birthday: _____ Gender: _____

Date Baptized: _____ Church/State: _____

Date Confirmed: _____ Church/State: _____

Name: _____ Birthday: _____ Gender: _____

Date Baptized: _____ Church/State: _____

Date Confirmed: _____ Church/State: _____

Name: _____ Birthday: _____ Gender: _____

Date Baptized: _____ Church/State: _____

Date Confirmed: _____ Church/State: _____

Name: _____ Birthday: _____ Gender: _____

Date Baptized: _____ Church/State: _____

Date Confirmed: _____ Church/State: _____

THE EPISCOPAL DIOCESE OF HAWAI'I
CHURCH MEDIA RELEASE FORM

I certify that I am 18 years of age or older or am the parent or legal guardian of a minor child, and hereby grant the designated entity permission to use my likeness in a photograph or video in any and all publications of the entities, including website and social media entries, without payment or any other consideration. I hereby authorize designated entities below to edit, alter, copy, exhibit, publish or distribute such photo or video for purposes of publicizing programs, including the Episcopal Diocese of Hawai'i's online publication, The Hawaiian Church Chronicle, websites, and social media pages.

I am signing this form: (Check one) [] for myself as an adult [] as the parent or legal guardian of a minor

Print Name: _____

Church or Organization in the Diocese that this form applies to: _____

Signature: _____ Date: _____