



GRACE
FELLOWSHIP
CHURCH

Information and Consent Form

Please fill out the information below so we can have you listed correctly in our church database and directory.

Last Name: _____ First Name(s) - Adults: _____

Anniversary Date: (mm/dd/yyyy) _____/_____/_____

Child	Birthday (mm/dd)	Child	Birthday (mm/dd)
_____	_____/____	_____	_____/____
_____	_____/____	_____	_____/____

Address: _____

Cell Phone Number(s): _____

Home Phone Number: _____

Email Address: _____

Grace Fellowship Church would like to be able to use your name and picture in our media presentations, such as pre-service slides, on our website, or slide shows to showcase ministries and people here at the church. Please sign your name below if the application of your name and images for our media presentations is acceptable to you.

Thank you,

Communications Ministry Team

Date ____/____/_____

I _____ hereby give permission to GRACE FELLOWSHIP CHURCH to use my name and/or picture in all media presentations. I understand that I may not know when my picture is being taken or when it will be used.