



**The Triumph Baptist Church of Philadelphia  
New Member Registration Form**

**Date:** \_\_\_\_\_ **Youth:** \_\_\_\_\_

**Name: Last** \_\_\_\_\_ **First** \_\_\_\_\_ **MI** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Gender:**  Male  Female **Date of Birth:** \_\_/\_\_/\_\_\_\_ **Age:** \_\_

**Marital Status:**  Married  Single  Widowed  Separated  Divorced

**Joining as:**  Candidate for Baptism  Christian Experience  Restoration  Letter

**Last Church Affiliation:** \_\_\_\_\_

**Denomination:** \_\_\_\_\_ **Method of Baptism:** \_\_\_\_\_

**Previous Pastor's Name:** \_\_\_\_\_

**Previous Church Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Do you have any family members in this church, or someone joining with you today?**  Yes  No

**If Yes, please give us their name(s) and their relationship to you:**

1.) \_\_\_\_\_

2.) \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Current Employment/Occupation:** \_\_\_\_\_

**If self-employed, Business Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Education/Grade:** \_\_\_\_\_ **Ministry of Interest:** \_\_\_\_\_

**Gift/Talent/Skills:** \_\_\_\_\_

**Are you a registered voter?**  Yes  No