

NEW BABY FORM

FAMILY

Baby Name _____

Date of Birth _____ Hospital _____

Parents _____ Member Visitor/Prospect

Address _____

Home Phone _____ Cell Phone _____

Siblings:

Other Family Members who are Church Members (and relationship):

To Do CHECK LIST

Birth Card from Church Sent Date _____

Bulletin / Newsletter Announcement Date _____

Caring Caller(s) Yes No By Whom _____

Date(s) _____

Meals Needed Yes No

Meal Coordinator Notified Yes No Date _____

Visit or Call to Parents Yes No By Whom _____

Date(s) _____

Baptism Date Scheduled Yes No Date _____

Other _____

Other _____

Other _____