



# General Baptist State Convention Church Information Form

Date: \_\_\_\_\_

*Thank you to the many churches that have already completed this form! This ensures that we have the latest information regarding your church. Once completed, you only need to notify the GBSC if any information changes (for example: pastor, clerk, mailing address, etc.)*

Church Name: \_\_\_\_\_

Association Church belongs to: \_\_\_\_\_

Church Meeting Location (may be different from the church mailing address): \_\_\_\_\_

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(Please include area codes for all numbers) Email/Web Site: \_\_\_\_\_

*We would like to send all contribution receipts and church mailings to a single address, please indicate the church mailing address below. Remember to update us if this address changes so that mail is not returned as undeliverable.*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Attention To: \_\_\_\_\_

## **Pastor Information:**

*If Vacant, date vacancy occurred:* \_\_\_\_\_

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Pager (if applicable): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

When did you begin to serve as pastor? \_\_\_\_\_ Birth Date (Month/Day): \_\_\_\_\_

## **Church Officers:**

*(Include area codes with all numbers, addresses can be home or church)*

❖ **Associate/Assistant Pastor(s):** \_\_\_\_\_

Street/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ Email: \_\_\_\_\_

❖ **Chairperson/Deacon Board:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street/City/State/Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

❖ **Chairperson/Trustee Board:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street/City/State/Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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❖ **Clerk:** \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street/City/State/Zip: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

❖ **Secretary:** \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street/City/State/Zip: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

❖ **Financial:** \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street/City/State/Zip: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

❖ **Treasurer:** \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street/City/State/Zip: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Church Profile:**

Church Membership: \_\_\_\_\_ Average Attendance: \_\_\_\_\_  
 Does your Church meet full time?  Yes  No Year Church was founded: \_\_\_\_\_  
 If not, which Sundays do you meet? \_\_\_\_\_  
 Is your Church wheelchair accessible? \_\_\_\_\_

*Approximate Population:*

|                            |                            |
|----------------------------|----------------------------|
| <u>Males:</u>              | <u>Females:</u>            |
| Youth (Age 6-18): _____    | Youth (Age 6-18): _____    |
| Young Adult (19-25): _____ | Young Adult (19-25): _____ |
| Adult (26-64): _____       | Adult (26-64): _____       |
| Senior (65+): _____        | Senior (65+): _____        |

*Indicate which of the following programs are offered by the church:*

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Child Daycare              | <input type="checkbox"/> Boy Scouts        | <input type="checkbox"/> Credit Union            |
| <input type="checkbox"/> Children's Ministry        | <input type="checkbox"/> Girl Scouts       | <input type="checkbox"/> Music Ministry          |
| <input type="checkbox"/> Adoption & Foster Care     | <input type="checkbox"/> Youth Ministry    | <input type="checkbox"/> Prison Ministry         |
| <input type="checkbox"/> Summer Children's Programs | <input type="checkbox"/> Athletic Programs | <input type="checkbox"/> Health Ministry         |
| <input type="checkbox"/> Christian School           | <input type="checkbox"/> Single's Ministry | <input type="checkbox"/> Food Bank Programs      |
| <input type="checkbox"/> After School Program       | <input type="checkbox"/> Job Placement     | <input type="checkbox"/> Homeless                |
| <input type="checkbox"/> Other: _____               |  | <input type="checkbox"/> Clothes Closet          |
| <input type="checkbox"/> Other: _____               |  | <input type="checkbox"/> Retirement Homes        |
| <input type="checkbox"/> Other: _____               |  | <input type="checkbox"/> Senior Adult Facilities |

*Thank you for completing this informational sheet regarding your church. This will help the General Baptist State Convention to better serve you!*

**Completed forms can be mailed or faxed to:**

General Baptist State Convention of NC, Inc. Phone: (919) 821-7466  
 603 S. Wilmington Street, Raleigh NC 27601 Fax: (919) 836-0061