

Revised 7/1/2004

**INDIVIDUAL AFFILIATION REQUEST FORM**

Name \_\_\_\_\_  
(Legal Name - Last) (First) (Middle)

Male  Female

Address \_\_\_\_\_  
(Street and Number)

Single

Married

Divorced

Widowed

\_\_\_\_\_  
(City) (State/Prov) (Zip) Ph: ( )

I do hereby express my earnest desire to become part of the ongoing restored Gospel in the Remnant Church of Jesus Christ of Latter Day Saints.

Signed: \_\_\_\_\_ Date Requested: \_\_\_\_\_

I wish to be enrolled: \_\_\_\_\_ Branch/Congregation, Or  I am in an Isolated area.

	Date	Office/Officiant	Office/Assisting	Location/Branch
Birth	_____	xxx	xxx	_____
Blessing	_____	_____	_____	_____
Baptism	_____	_____	xxx	_____
Confirmation	_____	_____	_____	_____
Ordination:	_____	_____	_____	_____
(Office)	_____	_____	_____	_____
Marriage	_____	_____	xxx	_____
Spouse Name	_____	_____	_____	<input type="checkbox"/> Member <input type="checkbox"/> Non-member
Annul/Divorce	_____	xxx	xxx	_____

**Additional Vital Statistics –Complete as much as possible**

The following information can be helpful with establishing legal verification, should you ever require it.  
(Please type or print)

Father's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Mother's full maiden name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Date and place of parents' marriage \_\_\_\_\_

Additional Information or Comments: \_\_\_\_\_

Church Officer Recommendation: \_\_\_\_\_

Headquarters Use Only: Assigned Membership Number \_\_\_\_\_

First Presidency Approval \_\_\_\_\_ Date \_\_\_\_\_

Official Position: \_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_

If Recorder/Other: \_\_\_\_\_  
(Please print)

Branch/Other: \_\_\_\_\_

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