



All About Me Sheet

Name: _____ Phone: _____

Address: _____

Email: _____

Birth Date: _____ Age: 18-24 25-29 30-49 50-69 70+

Marital Status: _____ Anniversary (Month/Year): _____

Husband's Name: _____ Food Allergies: _____

My Children's Names and Ages: 	My Grandchildren's Names and Ages:
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My Favorites:	
Bible Verse _____	Beverage _____
Song/Artist _____	Dessert _____
Color _____	Magazine _____
Flower _____	Collectibles _____
Holiday _____	Book _____
Snack _____	Author _____
Restaurant _____	Interest/Hobby _____

The most influential person in my life has been _____.

I like to spend my free time _____.

These prayer requests are dear to my heart.	
Immediate Needs: 	Ongoing Needs:
Family/Friends in Need of Salvation: 	Family/Friends in Need of Rededication: