



California Los Angeles Mission

Record of Missionary

MISSIONARY'S FULL NAME:		BIRTHDATE:
HOME ADDRESS:	STREET: CITY, STATE, COUNTRY, ZIP	
EMAIL ADDRESS:		
PLACE OF BIRTH:	NATIONALITY:	CITIZEN OF:
LIVE WITH: (BOTH PARENTS, MOTHER, FATHER, OR OTHER:		

FATHER INFORMATION	MOTHER INFORMATION
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:
EMAIL:	EMAIL:
BUSINESS PHONE:	BUSINESS PHONE:
CELL PHONE:	CELL PHONE:
MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO	MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO
DECEASED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DECEASED: <input type="checkbox"/> YES <input type="checkbox"/> NO
DIVORCED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DIVORCED: <input type="checkbox"/> YES <input type="checkbox"/> NO
REMARRIED: <input type="checkbox"/> YES <input type="checkbox"/> NO	REMARRIED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF NEW SPOUSE:	NAME OF NEW SPOUSE:
IF YOU DO NOT WANT CORRESPONDENCE SENT TO ONE OF YOUR PARENTS, PLEASE INDICATE BELOW:	
DO NOT CONTACT: <input type="checkbox"/>	DO NOT CONTACT: <input type="checkbox"/>

OTHER: IF YOUR PARENTS ARE DIVORCED OR SEPARATE AND/OR YOU WISH TO HAVE CORRESPONDENCE SENT TO SOMEONE OTHER THAN YOUR PARENTS, FILL IN THE SPACES BELOW:
NAME:
ADDRESS:
CITY, STATE, ZIP:
EMAIL:
CELL PHONE:
RELATIONSHIP:



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Missionary Questionnaire

What are some of your strongest traits and characteristics?

What are some of your weaknesses?

What Church experience and callings have you had?

What are your feelings and concerns about your upcoming missionary experience?

What are you the most excited about regarding your mission call?