



Name: _____

Address, city state, zip: _____

Birthday: _____ Anniversary: _____

Email Address: _____

Spouse's name: _____

Children's Names & ages: _____

Grandchildren: (yes or no). If yes, what do they call you. _____

Favorite Things (Food & Drink)

Restaurant/Food _____

Dessert or snack _____ Candy: _____

Hot tea or Coffee? Favorite flavors: _____

Favorite Things: (Home)

Theme & colors: _____

Flowers: _____ Candle scents: _____

Collectibles: _____

Pets? Names? What kind? _____

Favorite Things: (Entertainment)

Books/Authors: _____

Movies: _____ Music: _____

Do you like to Cook? _____ Hobbies _____

How do you relax? _____

Favorite things: (Other)

Bible Verse: _____ Hymn/Praise Song: _____

Holiday: _____ Traditions: _____

Quote: _____

Fill in the Blanks:

My love language is _____

My greatest strength is _____

My greatest weakness is _____

In a perfect world _____

To me, friendship is all about _____

My greatest spiritual struggle is _____

How I'd like to grow spiritually _____

Is there a skill you would like to learn? _____

Do you have a skill that you would be willing to teach others? _____

Please pray for _____

What are some ideas you have for the Women's Ministry _____