

GOOD SHEPHERD LUTHERAN CHURCH

Please PRINT Clearly

A. HOUSEHOLD INFORMATION:

LAST NAME ONLY: \_\_\_\_\_

ADDRESS: (Street, Box, etc.) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TELEPHONE: Area \_\_\_\_\_ Number \_\_\_\_\_ Listed? Yes \_\_\_\_\_ No \_\_\_\_\_ E-Mail \_\_\_\_\_

B. ADULTS IN HOUSEHOLD: (Everyone over 18 years)

1. Name \_\_\_\_\_ Title: Mr. Mrs. Miss Ms. Dr. Rev (Circle Appropriate Title)

Last

First

Middle Name

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Place \_\_\_\_\_

Member Status: Communing? Yes \_\_\_\_\_ No \_\_\_\_\_

Baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Place \_\_\_\_\_

Confirmed? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Place \_\_\_\_\_

Employer: \_\_\_\_\_ Work Shift: \_\_\_\_\_ Occupation: \_\_\_\_\_

Education: Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Graduate School? Yes \_\_\_\_\_ No \_\_\_\_\_

(Circle Highest Grade Completed)

Marital Status: Married Single Divorced Widow/Widower Wedding Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Circle All That Apply)

Divorce Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Name \_\_\_\_\_ Title: Mr. Mrs. Miss Ms. Dr. Rev (Circle Appropriate Title)

Last

First

Middle Name

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Place \_\_\_\_\_

Member Status: Communing? Yes \_\_\_\_\_ No \_\_\_\_\_

Baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Place \_\_\_\_\_

Confirmed? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Place \_\_\_\_\_

Employer: \_\_\_\_\_ Work Shift: \_\_\_\_\_ Occupation: \_\_\_\_\_

Education: Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Graduate School? Yes \_\_\_\_\_ No \_\_\_\_\_

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Marital Status: Married Single Divorced Widow/Widower Wedding Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Circle All That Apply)

Divorce Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



