



# St. John's Lutheran Church – Jefferson City, MO

## Member Information Form

### CONTACT INFORMATION

Full Name: \_\_\_\_\_ ☐ Male ☐ Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### PERSONAL INFORMATION (If Applicable)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Maiden/Birth Name: \_\_\_\_\_

#### Baptism Information:

Baptized: ☐ Yes ☐ No Date of Baptism: \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

#### Confirmation Information:

Confirmed: ☐ Yes ☐ No Date of Confirmation: \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

#### Marital Status:

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow(er)

Date of Marriage: \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Highest Education Level: \_\_\_\_\_ Military Status: \_\_\_\_\_

Hobbies, Talents, or Special Skills: \_\_\_\_\_

### FAMILY INFORMATION (If Applicable)

Spouse's Name: \_\_\_\_\_ ☐ Male ☐ Female

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Maiden/Birth Name: \_\_\_\_\_

#### Baptism Information:

Baptized: ☐ Yes ☐ No Date of Baptism: \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

#### Confirmation Information:

Confirmed: ☐ Yes ☐ No Date of Confirmation: \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

(Continued on back)

**SPOUSE'S PERSONAL INFORMATION CONTINUED (If Applicable)**

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Highest Education Level: \_\_\_\_\_ Military Status: \_\_\_\_\_

Hobbies, Talents, or Special Skills: \_\_\_\_\_

**CHILDREN'S INFORMATION (If Applicable)**

**First Child's Name:** \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**Baptism Information:**

Baptized: ☐ Yes ☐ No Date of Baptism: \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Confirmation Information:**

Confirmed: ☐ Yes ☐ No Date of Confirmation: \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Hobbies, Talents, or Special Skills: \_\_\_\_\_

**Second Child's Name:** \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**Baptism Information:**

Baptized: ☐ Yes ☐ No Date of Baptism: \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Confirmation Information:**

Confirmed: ☐ Yes ☐ No Date of Confirmation: \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Hobbies, Talents, or Special Skills: \_\_\_\_\_

**CHURCH OFFICE ADMINISTRATION USE ONLY:**

SS: \_\_\_\_\_ ELDER #: \_\_\_\_\_ ENVELOPE #: \_\_\_\_\_ MAILBOX #: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ INITIALS: \_\_\_\_\_