St. John's Lutheran Church

Family Information Form

Please complete this form in full so that we may accurately maintain membership records in Shepherd's Staff.

Office Use Only

Shepherd's Staff Entry Date: _____

Member Status: Baptized Confirmed Communicant Associate Other

Envelope Number: _____ Ledger Entry Number: _____

Household Information

Family Last Name: _____ Date Joined: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Primary Email: _____
Preferred Contact: Phone ___ Text ___ Email ___ Mail ___

Head of Household: _____ Spouse: _____

Previous Church (if applicable): _____

Wedding Date: _____ Officiant (if known): _____

Emergency Contact: _____ Phone: _____

Medical or Special Needs: _____

Volunteer Interests/Skills: _____

Offering Envelopes: Yes ___ No ___ Electronic Giving Info: Yes ___ No ___

Family Member Information

Complete one section per household member. Attach additional page if needed.

Member #1

Full Legal Name: _____ Preferred Name: _____

Gender: _____ Date of Birth: _____ Place of Birth: _____

Baptism Date: _____ Baptism Church/City/State: _____

Confirmation Date: _____ Confirmation Church/Location: _____

Marriage Date (if applicable): _____ Occupation/School: _____

Cell Phone: _____ Email: _____

Member #2

Full Legal Name: _____ Preferred Name: _____

Gender: _____ Date of Birth: _____ Place of Birth: _____

Baptism Date: _____ Baptism Church/City/State: _____

Confirmation Date: _____ Confirmation Church/Location: _____

Marriage Date (if applicable): _____ Occupation/School: _____

Cell Phone: _____ Email: _____

Member #3

Full Legal Name: _____ Preferred Name: _____

Gender: _____ Date of Birth: _____ Place of Birth: _____

Baptism Date: _____ Baptism Church/City/State: _____

Confirmation Date: _____ Confirmation Church/Location: _____

Marriage Date (if applicable): _____ Occupation/School: _____

Cell Phone: _____ Email: _____

Member #4

Full Legal Name: _____ Preferred Name: _____

Gender: _____ Date of Birth: _____ Place of Birth: _____

Baptism Date: _____ Baptism Church/City/State: _____

Confirmation Date: _____ Confirmation Church/Location: _____

Marriage Date (if applicable): _____ Occupation/School: _____

Cell Phone: _____ Email: _____

Member #5

Full Legal Name: _____ Preferred Name: _____

Gender: _____ Date of Birth: _____ Place of Birth: _____

Baptism Date: _____ Baptism Church/City/State: _____

Confirmation Date: _____ Confirmation Church/Location: _____

Marriage Date (if applicable): _____ Occupation/School: _____

Cell Phone: _____ Email: _____