

## St. John's Lutheran Church Membership Profile

Thank you for completing this form carefully and in its entirety. This is critical information for your permanent church records.

|   |   |   |
|---|---|---|
| Today's Date ___/___/___  | <b>Head of Household</b>  | <b>Spouse</b> (when it applies)   |
| Title (circle one)  | Mr. Mrs. Miss. Ms. Dr. Other:   | Mr. Mrs. Miss. Ms. Dr. Other:   |
| Name:   | Last Name: (print)<br>First: Middle:  | Last Name: (Print)<br>First: Middle:  |
| Your Maiden Name:   |   |   |
| <p>Complete birth dates are critical information for the Church records, and are kept strictly confidential. The computer won't accept incomplete dates. Complete Date: ____/____/____ Complete Date: ____/____/____</p> <p>Where Born: City: State: City: State:</p> |   |   |
| Father's Full Name  |   |   |
| Mother's Full Name:   |   |   |
| Mother's Maiden Name:   |   |   |
| Address:  | Number & Street:<br>City: State: Zip + Four - _____ - _____   | Apartment Number  |
| 2 <sup>nd</sup> Address (if applies)<br>(Second Home)   | Number & Street:<br>City: State: Zip + Four - _____ - _____   | From: ____/____ To ____/____  |
| Home Phone:   | ( _____ ) _____ - _____   | Check if home phone is unlisted <input type="checkbox"/>  |
| Alternate Phone:  | ( _____ ) _____ - _____   | For 2 <sup>nd</sup> address or second home  |
| Work Phone:   | ( _____ ) _____ - _____   | ( _____ ) _____ - _____   |
| Fax #:  | ( _____ ) _____ - _____   | ( _____ ) _____ - _____   |
| Pager #:  | ( _____ ) _____ - _____   | ( _____ ) _____ - _____   |
| Cellular #:   | ( _____ ) _____ - _____   | ( _____ ) _____ - _____   |
| E-mail Address:   |   |   |
| Marital Status: (Please check all that apply)   | Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/><br>Separated <input type="checkbox"/> Divorced <input type="checkbox"/>   | Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/><br>Separated <input type="checkbox"/> Divorced <input type="checkbox"/>   |
| Wedding Information:  | Date: ____/____/____<br>Name of Church:<br>City: State:   | Pastor:<br><br>State:   |
| Joining St. John's By:<br>(Check one)   | Adult Confirmation <input type="checkbox"/> Re-affirmation of Faith <input type="checkbox"/><br>Transfer <input type="checkbox"/> Member information update only <input type="checkbox"/><br>Former Church:<br>Former Pastor: | Adult Confirmation <input type="checkbox"/> Re-affirmation of Faith <input type="checkbox"/><br>Transfer <input type="checkbox"/> Member information update only <input type="checkbox"/><br>Former Church:<br>Former Pastor: |
| Baptismal Information:  | Yes <input type="checkbox"/> No <input type="checkbox"/> Date: ____/____/____<br>Church:<br>City: State:<br>Pastor:   | Yes <input type="checkbox"/> No <input type="checkbox"/> Date: ____/____/____<br>Church:<br>City: State:<br>Pastor:   |
| Confirmation Information  | Yes <input type="checkbox"/> No <input type="checkbox"/> Date: ____/____/____<br>Church:<br>City: State:<br>Pastor:   | Yes <input type="checkbox"/> No <input type="checkbox"/> Date: ____/____/____<br>Church:<br>City: State:<br>Pastor:   |
| Occupation & Employer   |   |   |

(Over please)

## Children

|                                |  |  |  |  |
|--------------------------------|--|--|--|--|
| Full Name:<br>(Include middle) | 1)   | 2)   | 3)   | 4)   |
| Date & Place of Birth          | ____/____/____<br>Where:   | ____/____/____<br>Where:   | ____/____/____<br>Where:   | ____/____/____<br>Where:   |
| Father's Full Name             |  |  |  |  |
| Mom's full Maiden Name         |  |  |  |  |
| Baptismal Information          | yes <input type="checkbox"/> Date: ____/____/____<br>Where:<br><br>Pastor: | yes <input type="checkbox"/> Date: ____/____/____<br>Where:<br><br>Pastor: | yes <input type="checkbox"/> Date: ____/____/____<br>Where:<br><br>Pastor: | yes <input type="checkbox"/> Date: ____/____/____<br>Where:<br><br>Pastor: |
| Sponsors:                      |  |  |  |  |
| Confirmation Information:      | yes <input type="checkbox"/> Date: ____/____/____<br>Where:<br><br>Pastor: | yes <input type="checkbox"/> Date: ____/____/____<br>Where:<br><br>Pastor: | yes <input type="checkbox"/> Date: ____/____/____<br>Where:<br><br>Pastor: | yes <input type="checkbox"/> Date: ____/____/____<br>Where:<br><br>Pastor: |
| School Name & Grade Level      |  |  |  |  |

## Skills & Talents

(Please Check all that apply, **H** = Head of Household, **S** = Spouse)

| H S  | H S  | H S   | H S   | H S  |
|--|--|---|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Administration | <input type="checkbox"/> <input type="checkbox"/> Computer Repair  | <input type="checkbox"/> <input type="checkbox"/> Electrical  | <input type="checkbox"/> <input type="checkbox"/> Music       | <input type="checkbox"/> <input type="checkbox"/> Singing        |
| <input type="checkbox"/> <input type="checkbox"/> Artist         | <input type="checkbox"/> <input type="checkbox"/> Comput. Software | <input type="checkbox"/> <input type="checkbox"/> Gardening   | <input type="checkbox"/> <input type="checkbox"/> Office Help | <input type="checkbox"/> <input type="checkbox"/> Sub. Secretary |
| <input type="checkbox"/> <input type="checkbox"/> Caregiver      | <input type="checkbox"/> <input type="checkbox"/> Cooking          | <input type="checkbox"/> <input type="checkbox"/> Guitarist   | <input type="checkbox"/> <input type="checkbox"/> Photography | <input type="checkbox"/> <input type="checkbox"/> Teaching       |
| <input type="checkbox"/> <input type="checkbox"/> Carpentry      | <input type="checkbox"/> <input type="checkbox"/> Dancing          | <input type="checkbox"/> <input type="checkbox"/> Handicrafts | <input type="checkbox"/> <input type="checkbox"/> Pianist     | <input type="checkbox"/> <input type="checkbox"/> Writing        |
| <input type="checkbox"/> <input type="checkbox"/> Computer Entry | <input type="checkbox"/> <input type="checkbox"/> Design           | <input type="checkbox"/> <input type="checkbox"/> Handy Man   | <input type="checkbox"/> <input type="checkbox"/> Plumbing    | <input type="checkbox"/> <input type="checkbox"/>                |

We thank you for taking the time to complete this form carefully.

Please return as soon as possible: St. John's Lutheran Church, 1933 E. Pinconning Road, Pinconning, MI 48650

Phone: 989-879-2377 Fax: 989-879-6343