

ST. JOHN'S EVANGELICAL LUTHERAN CHURCH

MEMBER PROFILE

In the interest of accurate church records and soul accounting, we request that you fill out this form, one for each baptized member of the family including children and return it to the Church Office. If you are not sure of the answer that you give, please add (?). **Please keep in mind that our computer system only accepts dates by month date and year; therefore we need the complete date.** Thanks for your cooperation and when your status changes, please notify the Church Office.

Date: _____

NAME: Last _____ First _____ Middle _____

Preferred Name: _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

E-mail Address: _____

PHONE: (Home) _____ (Work) _____

You may give the church office your cell phone number. Please indicate as to if you want it published or non published in our PowerChurch system. You may also give us a number of a loved one or friend that you might like us to contact for you during an emergency situation.

Cell phone _____ **Publish** _____ **Do Not Publish** _____

Emergency Numbers: Name _____ **Phone Number:** _____

Name _____ **Phone Number:** _____

DATE OF BIRTH: _____ **PLACE:** _____

FATHER'S NAME: _____ **MOTHER'S NAME:** _____

Reminder the computer will not accept partial dates.

BAPTISMAL DATE: Month ____ Day ____ Year ____

CONFIRMATION DATE: (If applicable): Month ____ Day ____ Year ____

MARRIAGE: Month ____ Day ____ Year ____

Please give complete address in order for a letter of transfer to be mailed. Thank you.

NAME OF FORMER CHURCH: _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

MARITAL STATUS: Single ____ Married ____ Separated ____ Divorced ____ Widow(er) ____

SPOUSE'S NAME: _____

PLEASE COMPLETE FORM ON REVERSE SIDE

MINOR CHILDREN'S NAME(s) Birthdate Baptismal Date Confirmation Date
(If applicable)

YEARS OF EDUCATION: Elementary _____ High School _____

College _____ Other _____

OCCUPATION _____

If you are a student, please give grade level, school/college and expected graduation date:

Grade Level _____ School/College _____ Graduation Date: _____

CHURCH ACTIVITIES THAT INTEREST YOU: _____

SPIRITUAL GIFTS: _____

NOTE: Unless otherwise directed, your name and address will appear in the Directory and the Chimes, our monthly newsletter. Do you want you want your address and phone number published? YES _____ NO _____

MANNER OF ENTERING THIS CONGREGATION:

FOR OFFICE USE	
Date Joined _____	Member Number _____
Joined by: Trans. from Luth. _____	Trans. from Non-Luth. _____
Baptism _____	Affirmation _____