Good Shepherd Lutheran Church
Membership Information 2010

	Head of Household	Spouse
Title: (Circle one)	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____
Name: (First - Middle or Maiden - Last)		
Sex: (Check one)	Male ☐ Female ☐	Male ☐ Female ☐
Birthday:		
Place of Birth:		
Preferred or Nickname		
Address: **City, State / Zip:**	_____	_____
Alternate Address **Address:** **City, State / Zip:**	From: _____ To: _____ _____	From: _____ To: _____ _____
Home Phone:	- Unlisted? ☐	- Unlisted? ☐
Cell Phone:	- Unlisted? ☐	- Unlisted? ☐
Work Phone	- Unlisted? ☐	- Unlisted? ☐
Email	Unlisted? ☐	Unlisted? ☐
Primary Family Email	Unlisted? ☐	
Marital Status:		
Anniversary Date:		
Occupation:		
Baptismal Date:	yes ☐ no ☐	yes ☐ no ☐
Place of Baptism:		
1st Communion Date:		
Confirmation Date:	yes ☐ no ☐	yes ☐ no ☐
Joined Good Shepherd:		

Children in Household

Name (first, middle, last)	Birth Date	Grade in Fall	Baptismal Date