

GLORY OF GOD LUTHERAN CHURCH

MEMBERSHIP PROFILE QUESTIONNAIRE

	Head of Household	Spouse
Title: (Circle one)	Mr. Mrs. Miss. Ms. Dr. Rev. Other_____	Mr. Mrs. Miss. Ms. Dr. Rev. Other_____
Name: (First – Middle – Last)		
Sex: (Check one)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Birthday (yr. optional)	Date: ___/___/___	Date: ___/___/___
Preferred or Nickname		
Address: City, State and Zip:	_____	_____
2 nd or vacation address from _____ to _____ City, State and Zip:		
Home Phone:	() check if unlisted <input type="checkbox"/>	()
Work Phone:	()	()
Fax #	()	()
Pager #	()	()
Cellular #	()	()
e-mail:		
Marital Status:		
Anniversary Date:	Date: ___/___/___	
Employer/Occupation:		
Emergency Contact:	Name: _____ Rel: _____	Phone # _____
Baptized:	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: ___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: ___/___/___
Confirmed	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: ___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: ___/___/___

CHILDREN

Name (first, middle, last)	Goes by:	Birthdate	Grade	Baptized	School Attending
		Date: ___/___/___		Yes <input type="checkbox"/> No <input type="checkbox"/> Date: ___/___/___	
		Date: ___/___/___		Yes <input type="checkbox"/> No <input type="checkbox"/> Date: ___/___/___	
		Date: ___/___/___		Yes <input type="checkbox"/> No <input type="checkbox"/> Date: ___/___/___	
		Date: ___/___/___		Yes <input type="checkbox"/> No <input type="checkbox"/> Date: ___/___/___	
		Date: ___/___/___		Yes <input type="checkbox"/> No <input type="checkbox"/> Date: ___/___/___	