Member Church Record

No, I am not a member [Please Explain:						
☐ Yes, I am a member [Please fill out form below] PLEASE PRINT		Da	Date Form Filled Out://			
Title First	Middle		Last		Suffix	
Preferred Name/Nickname:						
Birth Date (Month/Day/Yr):/ Birthplace	•					
Mother's Name:	Father's Name:					
Baptism Date:/ Baptism Place (Church/0	City/State):					
Confirmation Date:/ Confirmation Place	e (Church/City/State):					
Year Joined Congregation: Occupation:			_ Military	(circle)	: Active Retired	
Spouse's Name: Spo	use Member?: Yes No W	edding Date:	//	_ # of	Children:	
Primary Address	Other Ad	dress (seasona	l, student,	military)		
()	*Email Address: P=Personal, W				P W S P W S	
Household Section (List all others in this		C	J		Type*	
☑ if St. Paul Member Name	Relationship		Pl	none	(circle one)	
<u> </u>		()		H W C	
If not St. Paul member – Church, City, State:						
<u> </u>		()		H W C	
If not St. Paul member - Church, City, State:	·					
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If not St. Paul member – Church, City, State:						
						
If not St. Paul member – Church, City, State:						
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If not St. Paul member – Church, City, State:						

IMPORTANT: Each member of the household that is a St. Paul member should fill out his or her own *Member Church Record* Additional forms available from the church office (262-644-8890) or download at: www.stpaulslinger.org/memberform.pdf and www.stpaulslinger.org/serviceform.pdf

If more, add additional sheet ● *Phone Number: H=Home, W=Work, C=Cell ● Non-member phone numbers for emergency use only