

TRINITY EV. LUTHERAN CHURCH**INDIVIDUAL MEMBER ADATA**

DATE _____

E-MAIL _____

TITLE (circle one): Mr. Mrs. Miss. Ms. Dr. Rev.

GENDER (circle one): (M, F)

LAST Name: _____

FIRST Name: _____

BIRTHDATE: _____

Hospital/ City & State _____

FAMILY RELATIONSHIP (circle one): Child **OR** Single Male/single Female **OR** Married Male/ Married Female
 Single Male with Children/ Single Family with Children **OR** Married Male with children/ Married Female with Children
 If a child is named above, what is the birth order? 1 2 3 4 5 6

****BAPTISM**

Date : _____

Officiant: _____

Church/ Hospital: _____

City/ State: _____

****CONFIRMATION**

Church: _____

Officiant _____

Date: _____

Confirmation Verse: _____

City/State : _____

****MARRIAGE**

Date: _____

Maiden Name: _____

Church: _____

Officiant: _____

Marriage Status: _____

M=Married 1= First Marriage 2= second Marriage 3= Third Marriage

S= Single W= Widow/ Widower L=Legally Separated D= Divorced

****EDUCATION**

(If student) Current Grade (1-12) _____

School: _____

If college, What level: _____

Degree/Profession: _____

****OCCUPATION**

Employers Name: _____

Business Phone: _____

E-Mail: _____

Type of Work _____

Occupation: _____

We appreciate your time to thoroughly complete this data sheet. It is to be returned to the church office. In the future, please notify the church office(547-5350) if there are any changes with the above information. This information is confidential to the church office staff.