

# St. Luke Member Information Form

Title

Mr.	<input type="checkbox"/>
Mrs.	<input type="checkbox"/>
Miss	<input type="checkbox"/>
Ms.	<input type="checkbox"/>
Dr.	<input type="checkbox"/>
Rev.	<input type="checkbox"/>
Other	<input type="checkbox"/>

Name

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First

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Middle or Maiden

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Last *(suffix if needed)*

Male

Female

Preferred or  
Nickname

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**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zipcode** \_\_\_\_\_

**Alternate  
Address**

\_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zipcode** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Fax #** \_\_\_\_\_

**Home Email** \_\_\_\_\_

**Work Email** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Birth Date** \_\_\_\_\_

**Birth Place** \_\_\_\_\_

**Father's Full Name** \_\_\_\_\_

**Mother's Full Name** \_\_\_\_\_

*(including Maiden name)*

**Baptism Date** \_\_\_\_\_

**Baptism Place** \_\_\_\_\_

*Name of Church and Location*

**Pastor** \_\_\_\_\_

**Confirmation Date** \_\_\_\_\_

**Confirmation Place** \_\_\_\_\_

*Name of Church and Location*

**Pastor** \_\_\_\_\_

**Marriage Date** \_\_\_\_\_

**Marriage Place** \_\_\_\_\_

**Pastor** \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_

Names of Children

Birth Place & Date

Baptism Place & Date

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