



First Lutheran Church  
1114 Traverse Road  
St. Peter, MN 56082  
[flcstpoffice@gmail.com](mailto:flcstpoffice@gmail.com)

## Church Member Information Form

(Complete one form per family)

### Head of Household:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Lived in the area since?: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Spouse:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Children****Date of Birth**

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

\*Attach another sheet of paper if additional space is needed

The information provided above will be included in our church directory. If you **do not** want to provide this information to the church congregation, please check the box. Please note this information is for church purposes only and will not be shared with any third party source.

| Church Records*(list all household names below, if applicable) | Baptized?<br>Y or N | Date of Baptism<br>(if known) | Confirmed<br>Y or N | Confirmation<br>Date (if known) | Church/Location<br>where records held |
|--|---------------------|-------------------------------|---------------------|---------------------------------|---------------------------------------|
| 1.   |                     |                               |                     |                                 |                                       |
| 2.   |                     |                               |                     |                                 |                                       |
| 3.   |                     |                               |                     |                                 |                                       |
| 4.   |                     |                               |                     |                                 |                                       |
| 5.   |                     |                               |                     |                                 |                                       |

\*Attach another sheet of paper if additional space is needed

First Lutheran will request your church records & membership be transferred to First Lutheran.

**Service List Preference:** All members are invited to share in food preparation and/or serving duties for funerals, church events and other special occasions, etc. Please indicate any months your family would be unable to serve:

\_\_\_\_\_.

How were you introduced to First Lutheran Church? \_\_\_\_\_

Thank you for completing this information sheet. Please return the information sheet to the church office. Thank You!

**First Lutheran Church 1114 Traverse Road, St. Peter, MN 56082**  
**Phone: 507-934-3060 Email: [flcstpoffice@gmail.com](mailto:flcstpoffice@gmail.com)**