



New Member Information Sheet

For Office Use Only

- Breeze
- Constant Contact
- Ltr of Transfer
- Membership # & Envelopes

Name: _____
First _____ Middle _____ Last _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Mailing Address (if different than physical address): _____

Home Phone: _____ Cell Phone: _____

Email: _____

Birthdate: _____ (your birth year is only for church records, not to be shared)

Birthplace (City & State): _____

Baptism Date: _____ Baptism Church: _____

Baptism Place (City & State): _____

First Communion Date: _____ First Communion Church: _____

First Communion (City & State): _____

Confirmation Date: _____ Confirmation Church: _____

Confirmation Place (City & State): _____

Marital Status: _____ If Married, Anniversary Date: _____

In School? Yes No Name of School: _____

Current Grade Level: _____ Graduation Date: _____

Employed? Yes No Retired

Employer: _____ Position: _____

Children? Yes No

Child Full Name: _____ DOB: _____ School/Grade: _____

List any higher education (majors, colleges/universities, dates of graduation):

List any health items (blood type, allergies, other alerts):

Emergency Contact:

Name: _____ Phone: _____

Tell us about yourself- where you are from, where you lived before, any hobbies, interests, etc:

Share with us the reason you decided to become a member of St. Paul's Lutheran Church:

Please Return Information Sheet to the Church Office. Thanks!

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