

New Member Information Form

**St. Matthew Evangelical Lutheran Church
305 Lemont Street ♦ Lemont, IL 60439**

First Name: _____ Nickname: _____

Middle Name: _____ Last Name: _____

Suffix (i.e. Jr., Sr.): _____ Maiden Name: _____

Gender: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Date of Birth (include month, day, and year): _____

Place of Birth: _____

Baptized? Yes or No (*Circle One*) If yes, list the month, day, and year of Baptism: _____

Church or Hospital Baptized In: _____

Father's Full Name: _____

Mother's Full Name: _____

Confirmed in a Lutheran Church? Yes or No (*Circle One*)

If yes, list the month, day, and year of Confirmation: _____

Lutheran Church Confirmed In: _____

Previous Home Church? Yes or No (*Circle One*)

If yes, list the name, religious affiliation, and location: _____

(TURN OVER)

(Continued From Side 1)

Marital Status: Single Engaged Married Remarried Separated Divorced Widowed

(Circle One of the Above)

If married, list the month, day, and year of Marriage: _____

If married in a church, list the name and location: _____

If married elsewhere, list the venue, city, and state: _____

Spouse (if applicable):

First Name: _____ Nickname: _____

Middle Name: _____ Last Name: _____

Suffix (i.e. Jr., Sr.): _____ Maiden Name: _____

Gender: _____

Cell Phone: _____ E-mail: _____

Date of Birth (include month, day, and year): _____

Place of Birth: _____

Baptized? Yes or No (*Circle One*) If yes, list the month, day, and year of Baptism: _____

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If yes, list the name, religious affiliation, and location: _____

(If you have children, please fill out the next page.)

(If you have more than one child, please make a copy of this page for each child.)

Children (if applicable):

First Name: _____

Nickname: _____

Middle Name: _____

Last Name: _____

Suffix (i.e. Jr., Sr.): _____

Maiden Name: _____

Gender: _____

Date of Birth (include month, day, and year): _____

Place of Birth: _____

Grade in School: _____

Baptized? Yes or No (*Circle One*) If yes, list the month, day, and year of Baptism: _____

Church or Hospital Baptized In: _____

Father's Full Name: _____

Mother's Full Name: _____

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Last Name: _____

Suffix (i.e. Jr., Sr.): _____

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Place of Birth: _____

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Middle Name: _____

Last Name: _____

Suffix (i.e. Jr., Sr.): _____

Maiden Name: _____

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