

Perry Highway Evangelical Lutheran Church

Membership Information Form

Please complete this form for every member of your household and return it to the church office.
If you have questions please call the church office at 724-935-1226

HEAD OF HOUSEHOLD:

Your Full Name: _____

If Married, Your Maiden Name: _____

Present Address: _____

Phone Numbers: Home - _____ Cell - _____ Work - _____

E-Mail Address: _____

Current Employer: _____ Position: _____

Date of Birth: _____ Place of Birth: _____

Ethnic Background: ___ White ___ African American ___ Hispanic ___ Asian ___ Other _____

Father's Full Name: _____

Mother's Full Name (Include Maiden Name): _____

Date of Baptism: _____ Pastor: _____

Place of Baptism (Church & Town): _____

God Parents (sponsors): _____

Date of First Communion: _____ Place: _____

Date of Confirmation: _____ Place: _____

Name and location of Confirmation Church: _____

Wedding Date: _____ Pastor: _____

Place of Marriage: _____

Current Church Membership: _____

Address: _____ Phone: _____