

Completing the online form:

Type the desired information into the boxes that are highlighted. If they are not highlighted, look at the top of the screen for a *Highlight Fields* button. Click it to highlight the form boxes.

Phone Numbers: Type only the numbers, including the 3-digit area code.

Example: 6513880411. It will display as (651) 388-0411 when you advance to the next box.

St Luke's Episcopal Church

Member Information Form

Please complete one Individual Profile for each person in your household. Family Information is needed for the entire family. These forms may be used to update information in the church's database. Additional copies of this form are available in the church office or on our website: stlukesliveoak.org

Family Information

Last Name _____
Street Address _____ Mailing _____
City _____ State _____ Zip Code _____
Primary Phone # _____ Primary Email _____
Ok to publish in directory ____Y ____N
Cell Phone# _____ Ok to publish in directory ____Y ____N

Individual Information (contd on Pages 2 & 3 for additional family members. See page 5 when finished.)

Last Name if different than Head of Household _____
First Name _____ Date of Birth _____ Male Female
Wedding Anniversary _____ Ok to publish in directory ____Y ____N
Personal Phone # _____ Ok to publish in directory ____Y ____N
Personal Email _____ Ok to publish in directory ____Y ____N
Cell Phone# _____ Ok to publish in directory ____Y ____N
Preferred Name on Name Tag: _____ Baptism Date _____
Please X all that apply: Baptized Confirmed member of St. Luke's

Emergency contact: Last name, First name _____ Relationship, Phone number _____

Please complete a box for EACH family member.

St. Luke's Episcopal Church Clergy and Staff respect your privacy. Information collected will be used for church record keeping only unless you explicitly request in the directory. Please consider filling out Emergency Contact and a current phone number.

Please complete a box for EACH family member.

Last Name if different than Head of Household _____

First Name _____ Date of Birth _____ Male Female

Wedding Anniversary _____ Ok to publish in directory ___Y ___N

Personal Phone # _____ Ok to publish in directory ___Y ___N

Personal Email _____ Ok to publish in directory ___Y ___N

Cell Phone# _____ Ok to publish in directory ___Y ___N

Preferred Name _____ Baptism Date _____

Please X all that apply: Baptized Confirmed Member of St. Luke's

Emergency contact: Last name, First name _____ Relationship, Phone number _____

Last Name if different than Head of Household _____

First Name _____ Date of Birth _____ Male Female

Wedding Anniversary _____ Ok to publish in directory ___Y ___N

Personal Phone # _____ Ok to publish in directory ___Y ___N

Personal Email _____ Ok to publish in directory ___Y ___N

Cell Phone# _____ Ok to publish in directory ___Y ___N

Preferred Name _____ Baptism Date _____

Please X all that apply: Baptized Confirmed Member of St. Luke's

Emergency contact: Last name, First name _____ Relationship, Phone number _____

Please complete a box for EACH family member.

Last Name if different than Head of Household _____

First Name _____ Date of Birth _____ Male Female

Wedding Anniversary _____ Ok to publish in directory ___Y ___N

Personal Phone # _____ Ok to publish in directory ___Y ___N

Personal Email _____ Ok to publish in directory ___Y ___N

Cell Phone# _____ Ok to publish in directory ___Y ___N

Preferred Name on Name Tag: _____ **Baptism Date**

Please X all that apply: Baptized Confirmed Member of St. Luke's

Emergency contact: Last name, First name _____ Relationship, Phone number _____

Last Name if different than Head of Household _____

First Name _____ Date of Birth _____ Male Female

Wedding Anniversary _____ Ok to publish in directory ___Y ___N

Personal Phone # _____ Ok to publish in directory ___Y ___N

Personal Email _____ Ok to publish in directory ___Y ___N

Cell Phone# _____ Ok to publish in directory ___Y ___N

Preferred Name _____ **Baptism Date**

Please X all that apply: Baptized Confirmed Member of St. Luke's

Emergency contact: Last name, First name _____ Relationship, Phone number _____

Last Name if different than Head of Household _____

First Name _____ Date of Birth _____ Male Female

Wedding Anniversary _____ Ok to publish in directory ___Y ___N

Personal Phone # _____ Ok to publish in directory ___Y ___N

Personal Email _____ Ok to publish in directory ___Y ___N

Cell Phone# _____ Ok to publish in directory ___Y ___N

Preferred Name _____ **Baptism Date**

Please X all that apply: Baptized Confirmed Member of St. Luke's

Emergency contact: Last name, First name _____ Relationship, Phone number _____

Would you like to have the church office write to another church and ask for your letter of membership transfer to be sent to St. Luke's ? .. If so, please give us the following information if you have it:

Name of Church from which you are transferring

Address of church

Telephone Number

Areas of interest for ministry: (If you have gifts for ministry or know about programs in the church that would interest you, please let us know what these are.)

Examples:

Lay Reader, Acolyte, Usher, Pantry Committee, Cuba
Committee, Greeter, Youth volunteer, Sunday School, Adult Sunday School,
Shepherd's Hands Clinic, Other