



Membership Information

Good Shepherd Lutheran Church of South Hills
418 Maxwell Drive, Pittsburgh, Pennsylvania 15236; (412) 884-3232
Please complete applicable questions; Type or Print Legibly

Mr. ___ Mrs. ___ Miss ___ Ms. ___ Preferred Nickname: _____ Today's Date: _____

_____ Last Name First Name Middle Maiden Name

Street Address: _____ Home Phone: _____
City, State, Zip: _____ Work Phone: _____

Email Address: (preferred) _____ Cell Phone: _____

Any # unlisted? _____

Sex (M or F): _____

Birthdate: _____ Place of Birth: _____

Baptism Date: _____ Place of Baptism: _____

Confirmation Date: _____ Place of Confirmation: _____

Spouse's Full Name: (Including Maiden Name) _____

Father's Full Name: _____

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

Date and Place of Marriage (comments): _____

Note Previous Other Marriages: _____

Note "Significant Other" Person (if applies in relationships): _____

Occupation: _____

School Name: (if applicable) _____

Sports, Hobbies & Special Interests: _____

Name of last church in which you held membership: _____

Address: _____

Currently a member (yes or no): _____

Spouse's church affiliation: _____

Especially Meaningful to Me:

(If additional space is needed, please attach an extra piece of paper)

Bible Verse(s): _____

Why these verses mean a lot to me: _____

Worship Song(s) or Hymn(s): _____

Why these songs/hymns mean a lot to me: _____

Provide Information on Children Living with You:

List the names and birthdates of children living in your home, then complete a separate information form for each child.

Child's Name: _____ Birthdate: _____

Child's Name: _____ Birthdate: _____

Child's Name: _____ Birthdate: _____

Child's Name: _____ Birthdate: _____

GENERAL MEMBER INFORMATION FORM

FOR OFFICE USE ONLY

Received by: _____

Assigned Elder: _____