

**South Shore Trinity Lutheran Church  
BIOGRAPHICAL INFORMATION**

Date \_\_\_\_\_

Please fill out information for all people living in the household and return form to the church office.

Household Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Head of Household: \_\_\_\_\_ Spouse: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**QUESTIONS**

**HEAD OF HOUSEHOLD**

**SPOUSE**

- |                                  |       |       |
|----------------------------------|-------|-------|
| 1. Full Name                     | _____ | _____ |
| 2. Father's Name                 | _____ | _____ |
| 3. Mother's Maiden Name          | _____ | _____ |
| 4. Date of Birth (MM/DD/YYYY)    | _____ | _____ |
| 5. Place of Birth                | _____ | _____ |
| 6. Date Baptized (MM/DD/YYYY)    | _____ | _____ |
| 7. Place Baptized                | _____ | _____ |
| 8. Date Confirmed (MM/DD/YYYY)   | _____ | _____ |
| 9. Place Confirmed               | _____ | _____ |
| 10. Marital Status               | _____ | _____ |
| 11. Date (Wedding/Divorce/Widow) | _____ | _____ |
| 12. Cell Phone                   | _____ | _____ |
| 13. Email                        | _____ | _____ |

**QUESTIONS**

**FIRST CHILD**

**SECOND CHILD**

- |                                |       |       |
|--------------------------------|-------|-------|
| 1. Full Name                   | _____ | _____ |
| 2. Date of Birth (MM/DD/YYYY)  | _____ | _____ |
| 3. Place of Birth              | _____ | _____ |
| 4. Date Baptized (MM/DD/YYYY)  | _____ | _____ |
| 5. Place Baptized              | _____ | _____ |
| 6. Date Confirmed (MM/DD/YYYY) | _____ | _____ |
| 7. Place Confirmed             | _____ | _____ |
| 8. School Grade/School         | _____ | _____ |
| 9. Cell Phone                  | _____ | _____ |
| 10. Email                      | _____ | _____ |

**QUESTIONS**

**THIRD CHILD**

**FOURTH CHILD**

- |                                |       |       |
|--------------------------------|-------|-------|
| 1. Full Name                   | _____ | _____ |
| 2. Date of Birth (MM/DD/YYYY)  | _____ | _____ |
| 3. Place of Birth              | _____ | _____ |
| 4. Date Baptized (MM/DD/YYYY)  | _____ | _____ |
| 5. Place Baptized              | _____ | _____ |
| 6. Date Confirmed (MM/DD/YYYY) | _____ | _____ |
| 7. Place Confirmed             | _____ | _____ |
| 8. School Grade/School         | _____ | _____ |
| 9. Cell Phone                  | _____ | _____ |
| 10. Email                      | _____ | _____ |

Emergency Contact Information (outside of household): \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_