St. Timothy Lutheran Church

Member Information

Date Submitted

Please provide as much information about your family and household members. Please return form to: Pastor Berry, St. Timothy Lutheran, 16431 52nd W., Edmonds, WA 98026-4718

Household Last Name							
Member Name			🗌 Head	Spouse	🗌 Child	Other	
Preferred Name			Birth Date:				
Preferred Phone Cell Cell Home Work Email							
Father's Name:	Mother's Name:						
Baptism Date:	Church: City/St.						
Denomination	Pastor's Name:						
Confirmation Date	e Confirmation Verse:						
Church	City/St. Pastor's Name:						
Education Level: 🗆 H.S. Grad 🛛 Tech/Trade Sch. 🖓 Some College 📄 College Grad							
Occupation:	Retired						
Employer:							
Favorite Hymns:							
Favorite Bible Verses:							
Skills/Interests:							
Information regarding children living in household:							
Name	Male/Female	Birth	Date	Baptism Date	e Con	firmed Date	
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Please Provide any other information you would like to share about your family