

# New Household Form

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Bethel Lutheran Church  
607 6th St N  
Wahpeton, ND 58075  
(701)642-4472

## **Household Information**

Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Unlisted (Circle One): Y N

Household Email: \_\_\_\_\_ Unlisted (Circle One): Y N

## **Primary Address**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

## **Alternate Address**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Alternate Phone: (\_\_\_\_) \_\_\_\_\_ Unlisted: Y N

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

# New Household Form

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## Member Information Form 1

Title: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Gender (Circle One): Male Female

Denomination: \_\_\_\_\_

Marital Status (Circle One): Married Single Divorced  
Widowed

Primary Language: \_\_\_\_\_

Secondary Language: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Unlisted (Circle One): Y N

Email: \_\_\_\_\_

Email Unlisted (Circle One): Y N

## Special Events

Birth Date: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) Location: \_\_\_\_\_

Baptism Date: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) Location: \_\_\_\_\_

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Sponsor1: \_\_\_\_\_ Sponsor2: \_\_\_\_\_

Confirmation Date: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) Location: \_\_\_\_\_

Where: \_\_\_\_\_ Pastor: \_\_\_\_\_

Marriage Date: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) Location: \_\_\_\_\_

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Deceased Date: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) Location: \_\_\_\_\_

Received by Date: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) Location: \_\_\_\_\_

Reason: \_\_\_\_\_ Transfer: \_\_\_\_\_

Removed by Date: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) Location: \_\_\_\_\_

First Communion Date: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) Location: \_\_\_\_\_

## Work Information

## Alternate Address

Work Place: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_

City: \_\_\_\_\_

Unlisted Work Phone: Y N

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Email: \_\_\_\_\_

Country: \_\_\_\_\_

Work Email Unlisted (Circle One): Y N

Alternate Phone: (\_\_\_\_) \_\_\_\_\_ Unlisted: Y N

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_