



1031 Franklin St | San Francisco, CA | 94109
415.928.7770 | info@stmarks-sf.org | stmarks-sf.org

NEW MEMBER INFORMATION SHEET

Please send to the above address, fax (415) 928-8534 or email to info@stmarks-sf.org

Date

Title Full Name

Home Address Street City State Zip Code

Preferred Phone () - Work Phone or Other Phone () - ext

Email Address

Occupation Employer

What are some of your hobbies, special skills, or areas of interest?

Birth Date Place of Birth

Father's Name Mother's Maiden Name

Baptized (date) Church (Full name)

Address of Church (city and state)

I am currently a member of Church

Address of Church (city and state)

Pastor (if known)

I hereby authorize St. Mark's Lutheran Church to request from my former congregation a letter of transfer. (Please sign)

I am Single Married Widowed Divorced Committed Partner

Significant Anniversary (Event) Date

Name of Spouse or partner (if applicable)

In case of emergency, who should be notified?

Full Name Relationship

Address City & State

Phone Number (home) (work)

How did you find out about St. Mark's?

CHILDREN LIVING AT HOME

1. Full Name _____ Birth Date _____ Birth Place _____
Baptism Date _____ Church _____
Confirmation Date _____ Church _____
School Grade _____ School Attending _____
 2. Full Name _____ Birth Date _____ Birth Place _____
Baptism Date _____ Church _____
Confirmation Date _____ Church _____
School Grade _____ School Attending _____
 3. Full Name _____ Birth Date _____ Birth Place _____
Baptism Date _____ Church _____
Confirmation Date _____ Church _____
School Grade _____ School Attending _____
 4. Full Name _____ Birth Date _____ Birth Place _____
Baptism Date _____ Church _____
Confirmation Date _____ Church _____
School Grade _____ School Attending _____
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FOR CHURCH USE

Date Received _____
Parish Register _____
Sponsor _____
Committee Membership _____
Pledge Card Received _____
Envelope Number _____ Coffee Hour Committee _____