

# First Lutheran Church - Household Contact Form

Please complete the form and return it to the church office. Save the PDF and email it to fladmin@gci.net.

Household Name: \_\_\_\_\_

## Primary Address and Contact Information

Newsletter? Yes No

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Listed? **Y** **N**

E-mail: \_\_\_\_\_

## Alternate Address and Contact Information

Street or Box # \_\_\_\_\_ In Effect \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_\_ Every year? **Y** **N**

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Listed? **Y** **N**

## People in this Household

Full Name (first, middle, last, suffix)	Sex	Birth Date	Baptism	Relationship	Cell	Work

## Other Information

**Office Use Only**

Salutation: \_\_\_\_\_ Type: \_\_\_\_\_

Name on Labels: \_\_\_\_\_ Person Assigned: \_\_\_\_\_

Ministry Group: \_\_\_\_\_