

ST PAUL LUTHERAN CHURCH, MEDICINE HAT, AB HOUSEHOLD RECORD FORM

GENERAL INFORMATION

Household Name (Surname):		
Mailing Address:		
City:	Prov:	Postal Code:
Primary Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted		
Cell Phone(s):		
Household Email:		Private: <input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY INFORMATION – HEAD OF HOUSEHOLD

Person No. 1 (Head of Household)

First Name:	Middle Name(s)
Surname (if different from Household Name):	
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Rev	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____ Month Day Year	
<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	Maiden/Birth Surname:
Place of Birth	
<input type="checkbox"/> Baptized: _____ (date)	<input type="checkbox"/> Confirmed: _____ (date)
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Wedding Date (if applicable): _____ Month Day Year

SPOUSE INFORMATION

Person No. 2

First Name	Middle Name(s)
Surname (if different from Household Name):	
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Rev	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____ Month Day Year	
<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	Maiden/Birth Surname:
Place of Birth	
<input type="checkbox"/> Baptized: _____ (date)	<input type="checkbox"/> Confirmed: _____ (date)
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Wedding Date (if applicable): _____ Month Day Year

CHILDREN INFORMATION

Person No. 3

First Name	Middle Name(s)
Surname (if different from Household Name):	
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Rev	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____ Month Day Year	
<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	Maiden/Birth Surname:
Place of Birth	
<input type="checkbox"/> Baptized: _____ (date)	<input type="checkbox"/> Confirmed: _____ (date)
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Wedding Date (if applicable): _____ Month Day Year

ST PAUL LUTHERAN CHURCH, MEDICINE HAT, AB HOUSEHOLD RECORD FORM

Person No. 4

First Name	Middle Name(s)
Surname (if different from Household Name):	
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Rev	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____ Month Day Year	
<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	Maiden/Birth Surname:
Place of Birth	
<input type="checkbox"/> Baptized: _____ (date)	<input type="checkbox"/> Confirmed: _____ (date)
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Wedding Date (if applicable): _____ Month Day Year

Person No. 5

First Name	Middle Name(s)
Surname (if different from Household Name):	
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Rev	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____ Month Day Year	
<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	Maiden/Birth Surname:
Place of Birth	
<input type="checkbox"/> Baptized: _____ (date)	<input type="checkbox"/> Confirmed: _____ (date)
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Wedding Date (if applicable): _____ Month Day Year

Person No. 6

First Name	Middle Name(s)
Surname (if different from Household Name):	
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Rev	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____ Month Day Year	
<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	Maiden/Birth Surname:
Place of Birth	
<input type="checkbox"/> Baptized: _____ (date)	<input type="checkbox"/> Confirmed: _____ (date)
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Wedding Date (if applicable): _____ Month Day Year

PERSONAL INFORMATION CONSENT FORM

Personal Information Consent Form has been signed and dated by all those 18 years of age and older in our household. Yes No

SIGNATURES

Signature of Head of Household	Date:
Signature of Spouse	Date:

**PERSONAL INFORMATION
CONSENT FORM**

In compliance with privacy legislation, we need to obtain your consent before collecting, using or disclosing your personal information.

We require the information for purposes of mission and ministry, to communicate with you and for the purposes set forth in our Privacy Policy. Our Privacy Policy is available upon request.

Except as indicated above, we will not disclose any personal information to anyone other than:

- where permitted or required by law or court order; or
- to a public authority, to aid in an investigation, or where an imminent danger could be avoided by disclosing the information.

You have the right to access, verify and amend the personal information with us. To amend your personal information, or if you have any questions or concerns, please call us at 403-527-2467.

You may withdraw or vary this consent at any time by giving us notice at 515 Sprague Way SE Medicine Hat, AB. T1B 4A7, such notice to be effective on the day following receipt.

I hereby consent to the collection, use and disclosure of my personal information as described above.

Signature:

Date:
