

St. Andrew Lutheran Church  
**FAMILY PROFILE SHEET**

Name: \_\_\_\_\_ Preferred Phone No.: \_\_\_\_\_

Main Address: \_\_\_\_\_  
\_\_\_\_\_

Alternate Address: \_\_\_\_\_  
\_\_\_\_\_

Family Email Address: \_\_\_\_\_

**Household Members:**

NAME	DATE OF BIRTH	CELL PHONE	EMAIL

**EMERGENCY CONTACT INFORMATION**

Please provide the name and contact information of anyone who you feel should be notified in the event of an emergency.

NAME: \_\_\_\_\_ PREFERRED PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PREFERRED PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

By signing below, you consent to a representative of St. Andrew Lutheran Church calling, contacting, writing, or emailing the above-named emergency contact person(s). This information will be held in confidence and remain in force until notified of any change in writing.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

