

Good Shepherd Lutheran Services Background Study Questionnaire

Name: First: _____ Middle: _____ Last: _____

Date of Birth: ____/____/____ (mm/dd/yyyy)

Gender: _____ Male _____ Female

Drivers License Number or State ID Number: _____
(Do not enter dashes)

RACE: _____ (Asian, Pac. Islander, African American, Native American, Caucasian, Other)

Social Security Number: _____ (Do not enter dashes)

Phone Number: _____ (Do not enter dashes)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Previous Name: (i.e. maiden name: Nelson or first name is Katherine vs. Katie)

First Name: _____

Last Name: _____

Last Name: _____

Last Name: _____

Last Name: _____