

# New Member Information Form

Please complete forms and return to church office

Date \_\_\_\_\_

	Head of Household	Spouse
<b>Title: (Circle one)</b>	Mr _____ Mrs _____ Miss _____ Ms _____ Dr _____ Rev _____	Mr _____ Mrs _____ Miss _____ Ms _____ Dr _____ Rev _____
<b>First Name:</b>		
<b>Middle Name:</b>		
<b>Last Name:</b>		
<b>Preferred Name:</b>		
<b>Maiden Name:</b>		
<b>Address:</b>		
<b>City, State &amp; Zip:</b>		
<b>Date of Birth (please include year):</b>	Date: Month _____ Day _____ Year _____	Date: Month _____ Day _____ Year _____
<b>Wedding Date (please include year):</b>	Date: Month _____ Day _____ Year _____	Date: Month _____ Day _____ Year _____
<b>Marital Status:</b>	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>
<b>Baptism: (include year if known):</b>	yes <input type="checkbox"/> no <input type="checkbox"/> Month _____ Day _____ Yr _____	yes <input type="checkbox"/> no <input type="checkbox"/> Month _____ Day _____ Yr _____
<b>Confirmed: (include year if known):</b>	yes <input type="checkbox"/> no <input type="checkbox"/> Month _____ Day _____ Yr _____	yes <input type="checkbox"/> no <input type="checkbox"/> Month _____ Day _____ Yr _____
<b>Place of Birth:</b>	City _____ State _____	City _____ State _____
<b>Home Phone #:</b>	( _____ ) _____ Unlisted? <input type="checkbox"/>	( _____ ) _____ Unlisted? <input type="checkbox"/>
<b>Cell #:</b>	( _____ ) _____ Unlisted? <input type="checkbox"/>	( _____ ) _____ Unlisted? <input type="checkbox"/>
<b>Work #</b>	( _____ ) _____ Will be Unlisted	( _____ ) _____ Will be Unlisted
<b>Individual Email Address:</b>	_____ Unlisted? <input type="checkbox"/>	_____ Unlisted? <input type="checkbox"/>
<b>Occupation</b>		
<b>Employer</b>		
<b>Former Church Name</b>		
<b>Former Church City &amp; State</b>		
<b>Are you joining by (check one only)</b>	Letter of Transfer <input type="checkbox"/> (Coming from another Lutheran Church)  Affirmation of Faith <input type="checkbox"/> (Coming from a non-Lutheran Church)	Letter of Transfer <input type="checkbox"/> (Coming from a Lutheran Church)  Affirmation of Faith <input type="checkbox"/> (Coming from a non-Lutheran Church)

## For Office Use:

Date Joined/Transferred \_\_\_\_\_ Membership Certificate \_\_\_\_\_

Envelope Number \_\_\_\_\_ Envelopes Ordered \_\_\_\_\_ T & T Returned \_\_\_\_\_

SK Data Entered \_\_\_\_\_ Online Directory Info \_\_\_\_\_ E-mail info \_\_\_\_\_ Constant Contact \_\_\_\_\_