

**GRACE LUTHERAN CHURCH
MEMBERSHIP INFORMATION FORM**

PLEASE PRINT DATE COMPLETED _____

(PLEASE MARK ANY INFORMATION THAT YOU WOULD LIKE TO KEEP PRIVATE WITH *. THIS INFORMATION *WILL NOT* BE INCLUDED IN THE CHURCH DIRECTORY OR SHARED WITH ANY OTHER MEMBER WITHOUT YOUR PERMISSION.)

NAME _____

ADDRESS _____

CITY, STATE _____ ZIP _____ PHONE _____

CELL (HIS) _____ CELL (HERS) _____

EMPLOYER (HIS) _____ PHONE _____

CHURCH INTERESTS (HIS) _____

EMPLOYER (HERS) _____ PHONE _____

CHURCH INTERESTS (HERS) _____

PREVIOUS CHURCH _____

DENOMINATION/SYNOD _____

ADDRESS _____

CITY, STATE & ZIP _____

IN CASE OF AN EMERGENCY PLEASE CONTACT THE FOLLOWING INDIVIDUAL:
NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY, STATE & ZIP _____

HOME PHONE _____ WORK PHONE _____

(OVER)

FAMILY INFORMATION

PLEASE LIST FAMILY MEMBERS IN THE FOLLOWING ORDER: HEAD OF HOUSEHOLD, SPOUSE (IF APPLICABLE) AND CHILDREN. PLEASE LIST ONLY THOSE CHILDREN COMING INTO MEMBERSHIP AND INCLUDE LAST NAME OF CHILDREN IF IT IS DIFFERENT FROM THE SURNAME GIVEN ABOVE.

NAME (1 ST , MIDDLE, LAST IF DIFFERENT)	SEX	BIRTHDATE (MM/DD/YY)/ PLACE	BAPTISM DATE/PLACE
CONFIRMED DATE/PLACE	GRADE	WEDDING DATE (MM/DD/YY)	EMAIL
NAME (1 ST , MIDDLE, LAST IF DIFFERENT)	SEX	BIRTHDATE (MM/DD/YY)/ PLACE	BAPTISM DATE/PLACE
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