

Trinity Lutheran Church
New Member Personal Information

Mailing Label: _____

Mailing Address: _____

Phone: _____

Marital States: (circle one) Married Widowed Divorced Single

Marriage Date: _____

Gender: (circle one)	Individual No. 1 Male Female	Individual No. 2 Male Female
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First Name _____

Preferred First Name _____

Middle Name _____

Last Name _____

Birthdate (m/day/yr) _____

Birthplace: City, State _____

Baptized (m/day/yr) _____

Where? Church name _____

City, State _____

Confirmed (m/day/yr) _____

Where? Church name _____

City, State _____

Occupation _____

Employed by: _____

Work phone: _____

How are you coming to membership at Trinity Lutheran Church?

Individual No. 1

Individual No. 2

- Transfer from another ELCA church: Church name, City and State:

- Transfer from other Lutheran church: Church name, City and State:

- Affirmation of Faith

NAMES OF CHILDREN JOINING WITH YOU

1. First Name _____
Preferred First name _____
Last Name _____
Birthdate (m/day/yr): _____
Baptized No Yes Date: _____

Confirmed No Yes Date: _____

Year in School _____

Male Female
Middle Name _____

Place (City & State) _____
Church name: _____
City and State _____
Church name: _____
City and State _____

2. First Name _____
Preferred First name _____
Last Name _____
Birthdate (m/day/yr): _____
Baptized No Yes Date: _____

Confirmed No Yes Date: _____

Year in School _____

Male Female
Middle Name _____

Place (City & State) _____
Church name: _____
City and State _____
Church name: _____
City and State _____

3. First Name _____
Preferred First name _____
Last Name _____
Birthdate (m/day/yr): _____
Baptized No Yes Date: _____

Confirmed No Yes Date: _____

Year in School _____

Male Female
Middle Name _____

Place (City & State) _____
Church name: _____
City and State _____
Church name: _____
City and State _____