

GRACE LUTHERAN CHURCH
MEMBERSHIP INFORMATION

Date_____

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Family Name_____ Street Address_____ City_____ State_____ Zip_____

Phone # for Directory_____ E-mail Address_____ May your e-mail be given out? __Y __N

Previous Church_____ Denomination_____ City_____ State_____

How are you becoming a member of Grace Lutheran Church? Please check one of the following:

_____By Adult Confirmation _____By Letter of Transfer from other LCMS congregation _____By Profession of Faith

Biographical Information Please list ALL family members

	Joining Grace? Yes/No	Salutation Mr., Mrs., etc.	First Name	Last Name - if different from Family Name	Birth Date	Birth Place City & State	Baptism Date	Church	City & State
1									
2									
3									
4									
5									
6									

Biographical Information cont.

Marriage Information

	Confirmation Date	Church	City & State	Marital Status	Wedding Date	Church	City & State
1							
2				Wife's Maiden Name			
3							
4							
5							
6							

PLEASE COMPLETE REVERSE SIDE ALSO