

Grace Lutheran Church W196 N9525 Cross View Way Menomonee Falls, WI 53051 www.grace-connect.org 262-251-0670

## Request for Transfer INTO Grace Ev. Lutheran Church

To: The Rev	v		<u> </u>	
			(Church)	
	(Address)(City, State, Zip), and members of,			
Dear Pastor				
	e I wish to remain faithful in one of His congregations, I h	•	·	•
	Attention:	Rev. Rob Goodwin		
		Grace Lutheran Church		
		W196 N9525 Cross View Menomonee Falls, WI 53	•	
This transfer (re		menomonee rans, vr ss	001	
Myself:				
My Spouse	:			
Childre	n:			
		Age	Baptized: Yes / No	Confirmed: Yes / No
		Age	Baptized: Yes / No	Confirmed: Yes / No
		Age	Baptized: Yes / No	Confirmed: Yes / No
		Age	Baptized: Yes / No	Confirmed: Yes / No
		Age	Baptized: Yes / No	Confirmed: Yes / No
		Age	Baptized: Yes / No	Confirmed: Yes / No
Others	in our household to be trans	sferred (released)		
Signature:				
Address				
City	State	Zip		
Phone ()				
Other Commer	nts:			