



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. \_\_\_\_\_  
\_\_\_\_\_(Church)  
\_\_\_\_\_(Address)  
\_\_\_\_\_(City, State, Zip)

Dear Pastor \_\_\_\_\_, and members of \_\_\_\_\_,

Because I wish to remain faithful in the worship of my Lord and Savior, Jesus Christ; and active in serving Him in one of His congregations, I herewith request transfer (release) of my membership to:

Attention: Grace Lutheran Church  
W196 N9525 Cross View Way  
Menomonee Falls, WI 53051

This transfer (release) is for:

Myself: \_\_\_\_\_

My Spouse: \_\_\_\_\_

Children:

_____	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 transferred (released)

\_\_\_\_\_

Signature: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_