October 24, 2012

Church Membership Information

Family Name: Last name Street Address City State ZIP

Phone email

Name of previous church Denomination of previous church 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 from other Lutheran Church

# Biographical Sketch (Please list ALL family members)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Joining Grace Yes/No | Salutation  (Mr., Miss, Mrs., Ms., Dr.) | First Name | Birth Date | Birth Place | Baptism Date | Church | City, State | Confirmation Date | Church | City, State |
| Select | Select | Name | Date | City, State | Date | Church name | City, State | Date | Church name | City, State |
| Select | Select | Name | Date | City, State | Date | Church name | City, State | Date | Church name | City, State |
| Select | Select | Name | Date | City, State | Date | Church name | City, State | Date | Church name | City, State |
| Select | Select | Name | Date | City, State | Date | Church name | City, State | Date | Church name | City, State |
| Select | Select | Name | Date | City, State | Date | Church name | City, State | Date | Church name | City, State |
| Select | Select | Name | Date | City, State | Date | Church name | City, State | Date | Church name | City, State |

**Marriage Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Marital Status | Wedding Date | Church | City, State |
| Select | Date | Church name | City, State |
| Wife’s Maiden Name | Name |  | |

## Occupation and Education

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | Occupation | Employer | Work Phone | Current Grade | School Attending | Degree Obtained | Hobbies/Special Interests |
| Name | Occupation | Employer | Work phone # | Grade | School name | Degree(s) | Enter text here |
| Name | Occupation | Employer | Work phone # | Grade | School name | Degree(s) | Enter text here |
| Name | Occupation | Employer | Work phone # | Grade | School name | Degree(s) | Enter text here |
| Name | Occupation | Employer | Work phone # | Grade | School name | Degree(s) | Enter text here |
| Name | Occupation | Employer | Work phone # | Grade | School name | Degree(s) | Enter text here |
| Name | Occupation | Employer | Work phone # | Grade | School name | Degree(s) | Enter text here |