

October 24, 2012

**Church Membership Information**

Family Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail address \_\_\_\_\_

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 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

**Marriage Information**

Marital Status	Wedding Date	Church	City, State
Wife's Maiden Name			

**Occupation and Education**

Name	Occupation	Employer	Work Phone	Current Grade	School Attending	Degree Obtained	Hobbies/Special Interests