

GRACE LUTHERAN CHURCH
MEMBERSHIP INFORMATION

Date _____

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							
3							
4							
5							
6							

Wife's Maiden Name _____

PLEASE COMPLETE REVERSE SIDE ALSO

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Education & Interests

	Name	Current Grade	School	Degree Obtained	Hobbies/Special Interests
1					
2					
3					
4					
5					
6					

Occupation

	Name	Occupation	Employer	Work Phone	Are matching funds available to you? If so, please let us know how to obtain.
1					
2					
3					
4					
5					
6					

Additional/Optional Information

	Name	Cell Phone Number(s)	E-mail Address	Feel free to enter any questions or comments here.
1				
2				
3				
4				
5				
6				