



Request for Transfer Into Grace Lutheran Ministries

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: Pastor Joel Howard
Grace Lutheran Ministries
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:

