



ST. MARK'S LUTHERAN CHURCH

NEW MEMBER INFORMATION

(please print clearly)

Family Name: _____ Phone Number: (____) _____
(last name)

Address: _____
(number & street) (city & zip)

Person 1: _____ Adult
(first) (middle) (last) Child

Date of Birth: ____/____/____ Anniversary (if applicable): _____

Previous Religious affiliation (if any): _____ Transfer from? _____

Date Baptized: ____/____/____ Date Confirmed: ____/____/____ Email Address: _____

Anything you would like to add about yourself:

Person 2: _____ Adult
(first) (middle) (last) Child

Date of Birth: ____/____/____ Anniversary (if applicable): _____

Previous Religious affiliation (if any): _____ Email Address: _____

Date Baptized: ____/____/____ Date Confirmed: ____/____/____

Anything you would like to add about yourself:

Person 3: _____ Adult
(first) (middle) (last) Child

Date of Birth: ____/____/____ Anniversary (if applicable): _____

Previous Religious affiliation (if any): _____ Email Address: _____

Date Baptized: ____/____/____ Date Confirmed: ____/____/____

Anything you would like to add about yourself:

