



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): _____ Email Address: _____

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

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:

NEW MEMBER INFORMATION CONT'D

Person 4: _____
(first) (middle) (last)

- Adult
 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 5: _____
(first) (middle) (last)

- Adult
 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:

(request additional pages if the space is needed)

Emergency Contact 1: _____ Phone Number: _____ ()
(first) (last)

Emergency Contact 2: _____ Phone Number: _____ ()
(first) (last)

Emergency Contact 3: _____ Phone Number: _____ ()
(first) (last)

Date of Membership: _____ / _____ / _____ Time of Service: _____

Presiding Minister: _____
(print) (signature)

OFFICE USE ONLY:

THIS FORM (2 SIDES) IS TO BE ATTACHED TO THE LETTER & CERTIFICATE OF TRANSFER ALONG WITH ANY PAPERWORK PROCURED FROM PREVIOUS CHURCH HOME.