



King of Glory Lutheran Church Membership Information Form For Children

Please complete for each child in your household



Full Name: _____ Male/Female

Birth Date _____ Birthplace _____

Current Year in School _____ School Attending _____

Baptism Date _____ Where (if yes) _____

Currently Participating in Holy Communion ____ (y) ____ (n)



Full Name: _____ Male/Female

Birth Date _____ Birthplace _____

Current Year in School _____ School Attending _____

Baptism Date _____ Where (if yes) _____

Currently Participating in Holy Communion ____ (y) ____ (n)



Full Name: _____ Male/Female

Birth Date _____ Birthplace _____

Current Year in School _____ School Attending _____

Baptism Date _____ Where (if yes) _____

Currently Participating in Holy Communion ____ (y) ____ (n)



Full Name: _____ Male/Female

Birth Date _____ Birthplace _____

Current Year in School _____ School Attending _____

Baptism Date _____ Where (if yes) _____

Currently Participating in Holy Communion ____ (y) ____ (n)