

# Faith Lutheran Church and School Membership Information Form

Please print all information	Fill out to the best of your knowledge
For more than three children please attached the appropriate number of extra child sheets behind this one.	Form Filled Out on:    /    /    / Form Last Updated on:    /    /    /

Member Since    /    /  
 Profession of Faith (    )              Transfer From Other LCMS (    )              Receive From Other Lutheran (    )

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Last NameFirst NameMiddle Initial

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Street Address

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CityStateZip

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Home  
Cell

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PhoneEmail

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  /   /

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BirthdayPlace of Birth

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  /   /Not Baptized (    )

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Baptismal DatePlace of Baptism

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  /   /Not Confirmed (    )

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Confirmation DatePlace of Confirmation

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  /   /

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Marriage DatePlace of Marriage

## SPOUSE'S INFORMATION

Member Since:    /    /    Not a member (    )  
 Profession of Faith (    )              Transfer From Other LCMS (    )              Receive From Other Lutheran (    )

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Last NameFirst NameMiddle Initial

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Phone (Home)(Cell)Email

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  /   /

---

BirthdayPlace of Birth

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  /   /Not Baptized (    )

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Baptismal DatePlace of Baptism

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  /   /Not Confirmed (    )

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Confirmation DatePlace of Confirmation