



Christ Lutheran Church

New Member Information Form

CONTACT INFORMATION

Full Name: _____ Male Female
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Mobile Phone: _____ Work Phone: _____
 Email Address: _____

PERSONAL INFORMATION (If Applicable)

Date of Birth: _____ Place of Birth: _____
 Maiden/Birth Name: _____

Baptism Information:

Baptized: Yes No Date of Baptism: _____
 Church: _____ City: _____ State: _____

Confirmation Information:

Confirmed: Yes No Date of Confirmation: _____
 Church: _____ City: _____ State: _____

Marital Status:

Single Married Separated Divorced Widow(er)

Date of Marriage: _____
 Church: _____ City: _____ State: _____

Occupation: _____ Employer: _____

Highest Education Level: _____ Military Status: _____

Hobbies, Talents, or Special Skills: _____

FAMILY INFORMATION (If Applicable)

Spouse's Name: _____ Male Female

Mobile Phone: _____ Work Phone: _____ Email Address: _____

Date of Birth: _____ Place of Birth: _____ Maiden/Birth Name: _____

Baptism Information:

Baptized: Yes No Date of Baptism: _____
 Church: _____ City: _____ State: _____

Confirmation Information:

Confirmed: Yes No Date of Confirmation: _____
 Church: _____ City: _____ State: _____

SPOUSE'S PERSONAL INFORMATION CONTINUED (If Applicable)

Occupation: _____ Employer: _____

Highest Education Level: _____ Military Status: _____

Hobbies, Talents, or Special Skills: _____

CHILDREN'S INFORMATION (If Applicable)

First Child's Name: _____ Male Female

Date of Birth: _____ Place of Birth: _____

Baptism Information:

Baptized: Yes No Date of Baptism: _____

Church: _____ City: _____ State: _____

Confirmation Information:

Confirmed: Yes No Date of Confirmation: _____

Church: _____ City: _____ State: _____

Name of School: _____ Grade: _____

Hobbies, Talents, or Special Skills: _____

Second Child's Name: _____ Male Female

Date of Birth: _____ Place of Birth: _____

Baptism Information:

Baptized: Yes No Date of Baptism: _____

Church: _____ City: _____ State: _____

Confirmation Information:

Confirmed: Yes No Date of Confirmation: _____

Church: _____ City: _____ State: _____

Name of School: _____ Grade: _____

Hobbies, Talents, or Special Skills: _____

CHURCH OFFICE ADMINISTRATION USE ONLY:
SS: _____ ELDER #: _____ ENVELOPE #: _____ MAILBOX #: _____ DATE RECEIVED: _____ INITIALS: _____