*Date Received:
/ / BaptismChildAdult // Affirmation
/ / Transfer ELCA CongOther LuthNon Lut
*Date Removed:
// Death, // Transfer, // Request, // Adjustment

INDIVIDUAL MEMBERSHIP RECORD

Name						
	First	Middle	(Maiden)	Last		
E-mail(s)						
Address					Phone	
City				State	ZIP	
Birth Date	Bir	th Place				
Father's Full Name						
Mother's Full Name						
Mother's Full Name(Including Maiden Name)						
Baptism Date		Pastor _				
Baptism Place						
		(Name	of church and I	Location)		
Confirmation Date		Pastor _				
Confirmation Place						
		(Name	of Church and	Location)		
Marriage Date		Pastor_				
Marriage Place						
Spouse's Name						
(If applicable) Please list Children	n, DOB,	City, State.	,	Baptism Date	e, Church/Denomination	