



ST. LUKE

Evangelical Lutheran Church

*Date Received: _____ // Baptism- __Child – __Adult // Affirmation// Transfer--__ ELCA Cong – __Other Lutheran
 __Non Lutheran *Date Removed: _____ // Death, // Transfer, // Request, // Adjustment

INDIVIDUAL MEMBERSHIP RECORD

Name _____
First Middle (Maiden) Last

E-mail(s) _____

Address _____ Phone _____

City _____ State _____ ZIP _____

Birth Date _____ Birth Place _____

Father’s Full Name _____

Mother’s Full Name _____
(Including Maiden Name)

Baptism Date _____ Pastor _____

Baptism Place _____
(Name of church and Location)

Confirmation Date _____ Pastor _____

Confirmation Place _____
(Name of Church and Location)

Marriage Date _____ Pastor _____

Marriage Place _____

Spouse’s Name _____



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(If applicable)

Please list Children,

DOB, City, State

Baptism Date, Church/Denomination
