

FAITH EVANGELICAL LUTHERAN CHURCH MEMBERSHIP RECORD

FIRST FAMILY MEMBER

Name - First:	Middle:	Last:
Address:		
City:	State:	ZIP Code:
___ Home phone: (X if unlisted)	Cell phone:	Email:
Date of Birth:	Baptismal Date:	Confirmation Date:
Place of Employment:	Position:	Work phone:
Date of Marriage:	To Whom:	
Emergency Contact – Name:	Relationship:	Phone:

SPOUSE INFORMATION

Name – First:	Middle:	Last:
Address:		
City:	State:	ZIP Code:
___ Home phone: (X if unlisted)	Cell phone:	Email:
Date of Birth:	Baptismal Date:	Confirmation Date:
Place of Employment:	Position:	Work phone:
Date of Marriage:	To Whom:	
Emergency Contact – Name:	Relationship:	Phone:

CHILDREN – OLDEST TO YOUNGEST

Name – First:	Middle:	Last:
Address:		
City:	State:	ZIP Code:
___ Home phone: (X if unlisted)	Cell phone:	Email:
Date of Birth:	Baptismal Date:	Confirmation Date:
If Student, School District:		Current Grade:
Emergency Contact – Name:	Relationship:	Phone:

Name – First:	Middle:	Last:
Address:		
City:	State:	ZIP Code:
___ Home phone: (X if unlisted)	Cell phone:	Email:
Date of Birth:	Baptismal Date:	Confirmation Date:
If Student, School District:		Current Grade:
Emergency Contact – Name:	Relationship:	Phone:

Name – First:	Middle:	Last:
Address:		
City:	State:	ZIP Code:
___ Home phone: (X if unlisted)	Cell phone:	Email:
Date of Birth:	Baptismal Date:	Confirmation Date:
If Student, School District:		Current Grade:
Emergency Contact – Name:	Relationship:	Phone:
Name – First:	Middle:	Last:
Address:		
City:	State:	ZIP Code:
___ Home phone: (X if unlisted)	Cell phone:	Email:
Date of Birth:	Baptismal Date:	Confirmation Date:
If Student, School District:		Current Grade:
Emergency Contact – Name:	Relationship:	Phone:
Name – First:	Middle:	Last:
Address:		
City:	State:	ZIP Code:
___ Home phone: (X if unlisted)	Cell phone:	Email:
Date of Birth:	Baptismal Date:	Confirmation Date:
If Student, School District:		Current Grade:
Emergency Contact – Name:	Relationship:	Phone:
Name – First:	Middle:	Last:
Address:		
City:	State:	ZIP Code:
___ Home phone: (X if unlisted)	Cell phone:	Email:
Date of Birth:	Baptismal Date:	Confirmation Date:
If Student, School District:		Current Grade:
Emergency Contact – Name:	Relationship:	Phone:

Please complete and return to the church office.
Any questions, please contact me directly at (610) 435-0451.

Thank you

Sue, Office Manager