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

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

Thank you

Sue, Office Manager