



## New Church Membership Information

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Middle Last

Birth date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip code

Phone: \_\_\_\_\_ Is this a cell phone?

E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Parents' Information:

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_  
(Maiden)

Marital Status *(select one)*:

Spouses' Name: \_\_\_\_\_

Wedding Date: \_\_\_\_\_

Wedding Location: \_\_\_\_\_  
Church City State

Spouses' Church Membership: \_\_\_\_\_

Living Children Names & Birthdates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BAPTISM

Date: \_\_\_\_\_ Pastor: \_\_\_\_\_

Where: \_\_\_\_\_  
Church City State

Sponsors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CONFIRMED

Date: \_\_\_\_\_ Pastor: \_\_\_\_\_

Where: \_\_\_\_\_  
Church City State

Verse: \_\_\_\_\_

*For office use only:*

Received into membership by

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Confirmation           | <input type="checkbox"/> Baptism       |
| <input type="checkbox"/> Affirmation of Faith         | <input type="checkbox"/> Adult Baptism |
| <input type="checkbox"/> Junior Confirmation          |  |
| <input type="checkbox"/> Transfer with Parent         |  |
| <input type="checkbox"/> Transfer of membership from: |  |

\_\_\_\_\_  
Name of Church City State

Date received into membership: \_\_\_\_\_