

SECOND PERSON

Last Name First Name Middle Name

Maiden Name

Address

City State Zip

Main Contact Phone Cell Phone

*Email

Date Church City State

*Born

Baptized

Confirmed

Parents' Names

Married to:

First Name Maiden Name Last Name

Your Partner is Joining Not Joining Already a Member

Date Married

Occupation *Employer *Work Phone#

I am becoming a member of Lutheran Church of Hope by:

Letter of Transfer from:

Church:

Synod ELCA LCMS Other

Address:

Adult Confirmation

Baptism

Reaffirmation of Faith

Children Joining: (Please complete information for each child)

1. Last Name First Middle Name

Date Church City State

*Born

Baptized

1st Comm.

Confirmed

School Grade School Attending

*Email *Cell

2. Last Name First Middle Name
 Date Church City State
 *Born
 Baptized
 1st Comm.
 Confirmed
 School Grade School Attending
 *Email *Cell

3. Last Name First Middle Name
 Date Church City State
 *Born
 Baptized
 1st Comm.
 Confirmed
 School Grade School Attending
 *Email *Cell

4. Last Name First Middle Name
 Date Church City State
 *Born
 Baptized
 1st Comm.
 Confirmed
 School Grade School Attending
 *Email *Cell

Please Leave Any Additional Comments Below: