

ASCENSION LUTHERAN CHURCH: Official Church Record

Please take a few minutes to complete this form for the establishment of your membership records. It will help us care for you in the future. Please indicate here whether your name, address, home/cell phone, and email address can be listed in the church directory published yearly. ___ Yes ___ No

Household Last Name: _____

Address: _____
(Street) (City) (State) (Zip)

Home phone: _____ Cell phone: _____ Email: _____

First Name of Head of Household: _____ Becoming a member? ___ Yes ___ No

Work phone: _____ Occupation: _____ Veteran: ___ Yes ___ No

Birth date: _____ Place of birth: _____
(MM/DD/YYYY) (City) (State)

Baptism date: _____ Church: _____
(MM/DD/YYYY) (Church Name) (City) (State)

Confirmation date: _____ Church: _____
(MM/DD/YYYY) (Church Name) (City) (State)

Marriage date: _____ Place of marriage: _____

Church previously a member of: _____
(Church Name) (City) (State)

◆-----◆
Spouse: _____ Cell phone: _____ Becoming a member? ___ Yes ___ No

Work phone: _____ Occupation: _____ Email: _____

Birth date: _____ Place of birth: _____ Veteran: ___ Yes ___ No
(MM/DD/YYYY) (City) (State)

Baptism date: _____ Church: _____
(MM/DD/YYYY) (Church Name) (City) (State)

Confirmation date: _____ Church: _____
(MM/DD/YYYY) (Church Name) (City) (State)

Church previously a member of: _____
(Church Name) (City) (State)

◆-----◆ **Children Who Live in Your Home**

Full Name: _____ Age: _____ Becoming a member? ___ Yes ___ No

Gender: ___ M ___ F Cell: _____ Grade: _____ School: _____

Birth date: _____ Place of birth: _____
(MM/DD/YYYY) (City) (State)

Baptism date: _____ Church: _____
(MM/DD/YYYY) (Church Name) (City) (State)

Confirmation date: _____ Church: _____
(MM/DD/YYYY) (Church Name) (City) (State)

Children Who Live in Your Home

Full Name: _____ Age: _____ Becoming a member? __Yes __No

Gender: __M __F Cell: _____ Grade: _____ School: _____

Birth date: _____ Place of birth: _____
(MM/DD/YYYY) (City) (State)

Baptism date: _____ Church: _____
(MM/DD/YYYY) (Church Name) (City) (State)

Confirmation date: _____ Church: _____
(MM/DD/YYYY) (Church Name) (City) (State)

◆-----◆
Full Name: _____ Age: _____ Becoming a member? __Yes __No

Gender: __M __F Cell: _____ Grade: _____ School: _____

Birth date: _____ Place of birth: _____
(MM/DD/YYYY) (City) (State)

Baptism date: _____ Church: _____
(MM/DD/YYYY) (Church Name) (City) (State)

Confirmation date: _____ Church: _____
(MM/DD/YYYY) (Church Name) (City) (State)

◆-----◆
Full Name: _____ Age: _____ Becoming a member? __Yes __No

Gender: __M __F Cell: _____ Grade: _____ School: _____

Birth date: _____ Place of birth: _____
(MM/DD/YYYY) (City) (State)

Baptism date: _____ Church: _____
(MM/DD/YYYY) (Church Name) (City) (State)

Confirmation date: _____ Church: _____
(MM/DD/YYYY) (Church Name) (City) (State)

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Please write a short paragraph about yourself (& family) to be included in the worship folder.
