

# New Member - Adult Form

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle / Maiden Name

Address: \_\_\_\_\_  
Street City / State Zip Code

Home Phone: \_\_\_\_\_ Listed: ( ) Yes ( ) No Sex: ( ) Male ( ) Female

Cell Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Month / Day / Year City / State

Ethnic Origin: ( ) White ( ) African American ( ) Asian/Pac. Is. ( ) Nat. Amer. ( ) Hispanic ( ) Other

Previous Church Membership: ( ) ELCA Lutheran ( ) Other Lutheran ( ) Non-Lutheran ( ) None

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
City / State

Baptized: ( ) Yes ( ) No \_\_\_\_\_  
Mo/Day/Yr Name of Church City / State

Confirmed: ( ) Yes ( ) No \_\_\_\_\_  
Mo/Day/Yr Name of Church City / State

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status: ( ) Single ( ) Married ( ) Divorced ( ) Widowed

If Married, Anniversary: \_\_\_\_\_  
Mo / Day / Yr Name of Church City / State

Name of Spouse: \_\_\_\_\_

Children Residing in Home:

\_\_\_\_\_ ( ) Parent ( ) Step-parent ( ) Guardian ( ) Other

\_\_\_\_\_ ( ) Parent ( ) Step-parent ( ) Guardian ( ) Other

\_\_\_\_\_ ( ) Parent ( ) Step-parent ( ) Guardian ( ) Other

\_\_\_\_\_ ( ) Parent ( ) Step-parent ( ) Guardian ( ) Other

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**For Office Use Only:**

**Date Received:** \_\_\_\_\_

Received by: ( ) Transfer ELCA ( ) Transfer Other Lutheran ( ) Other Denomination  
( ) Affirmation ( ) Baptism

Removed by: ( ) Death ( ) Transfer ELCA ( ) Transfer Other Denomination  
( ) Inactive ( ) Moved