

## New Member - Child Form

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Last Name	First Name	Middle Name
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Parent(s) Name(s) \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Listed:  Yes  No

Sex:  Male  Female

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

Ethnic Origin:  White  Af. Amer/Black  Asian/Pac. Is.  Nat. Amer.  Hispanic  Other

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

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Name of Church	City / State
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Baptized:  Yes  No \_\_\_\_\_  
Month/Day/Year Church Name City / State

Received Communion Instruction:  Yes  No Communes:  Yes  No

Confirmed:  Yes  No \_\_\_\_\_  
Month/Day/Year Church Name City / State

Grade in School: \_\_\_\_\_ P3 \_\_\_\_\_ P4 \_\_\_\_\_ P5 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
\_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ High School \_\_\_\_\_ College

Name of School: \_\_\_\_\_

College Address: \_\_\_\_\_

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### For Office Use Only:

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

Member Status:  Baptized  Communes  Confirmed  
Received by:  Transfer ELCA  Transfer Other Lutheran  O. Den.  Infant Baptism  Adult Baptism  
Removed by:  Death  Transfer ELCA  O. Den.  Inactive  Moved

