

# Beautiful Savior Ev. Lutheran Church



Please **PRINT** last name on first line and then first names (as you would like them to appear in the church directory) on subsequent lines and include cell phone and email if applicable (and indicate if we may contact you via text and email.) Please enter address and landline number on the bottom portion of the form. (Children who are living at home but confirmed should fill out their own form, if possible.) Address and phone numbers will not be published in church directory.

<b>Last name:</b>			
<b>First name:</b>		<b>Cell (if applicable):</b> <i>May we text you?</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<b>Email (if applicable):</b> <i>May we contact you through Email?</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>First name</b>		<b>Cell (if applicable):</b> <i>May we text you?</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<b>Email (if applicable):</b> <i>May we contact you through Email?</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>First name</b>		<b>Cell (if applicable):</b> <i>May we text you?</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<b>Email (if applicable):</b> <i>May we contact you through Email?</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>First name</b>		<b>Cell (if applicable):</b> <i>May we text you?</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<b>Email (if applicable):</b> <i>May we contact you through Email?</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>First name</b>		<b>Cell (if applicable):</b> <i>May we text you?</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<b>Email (if applicable):</b> <i>May we contact you through Email?</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>First name</b>		<b>Cell (if applicable):</b> <i>May we text you?</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<b>Email (if applicable):</b> <i>May we contact you through Email?</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>First name</b>		<b>Cell (if applicable):</b> <i>May we text you?</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<b>Email (if applicable):</b> <i>May we contact you through Email?</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Please use backside, if necessary, with additional names.

<b>Address:</b>	<b>Primary Address</b>	<b>Secondary Address</b> (IF APPLICABLE)
	<b>Street:</b>	<b>Street:</b>
	<b>City/State</b> :	<b>City/State:</b>
	<b>Zip:</b>	<b>Zip:</b>
<b>Telephone:</b> (Landline)		<b>Telephone:</b> (Landline)

