Beautiful Savior Ev. Lutheran Church

+		
1		
5 1.	The state of	

				TOD	AY'S DATE:		
Name:							
Nume.	(First)	(1)	lickname)	(Middle	2)	(Last)	
Gender:	☐ Male	Female		Marital Sta	tus: Si	ingle 🗌	Married
Date of Birth:							
ŕ	(Month) (Day) (Year)						
AA awai a a a	Date Married:						
Marriage:	(if applies)	(Mont	h)	(Day) ((Year)		
Spouse Name:					WEI	_S member `	Yes / No
	Primary Address				Secondary Address		
			•				
Address:	Street:			Street:			
	City/State:				City/State:		
	Zip:			Zip:			
Telephone:					Do you	Yes:	
,	(Landl	ine)	(Ce	II)	Text:	No:	
Email:				@			
Baptized:	I						
- u p	(Month)	(Day)	(Year)	Church Name City/State		te	
Confirmed:	(14 15)	(D)		Characte NI		c: Ici	
_	(Month)	(Day)	(Year)	Church No	ame	City/Sta	te
Occupation:							
Comments/							
Special Needs:							
iveeus.							

Please include names of minor children on back.

(Office Use Only)

(-),,,		
Membership:	Date added:	How Received:

1. Name of Child:		(First)	(Nickname)	(Middle)	(Last)	
	Gender:				,	
	Male	/ /	/ /	/ /		
	Female	Date of birth	Baptized	Confirmation	School Grad	
2. Name	<i>c</i> 1	(First)	(Nickname)	(Middle)	(Last)	
of Child:	Gender: Male	/ /	1 1	//		
	Female	Date of birth	Baptized	Confirmation	School Grad	
3. Name	C	(First)	(Nickname)	(Middle)	(Last)	
of Child:	Gender: Male	/ /	1 1	/ /		
	Female	Date of birth	Baptized	Confirmation	School Grad	
4. Name	<i>c</i> ,	(First)	(Nickname)	(Middle)	(Last)	
of Child:	Gender: Male	/ /	/_ /	1. /		
	Female	Date of birth	Baptized	Confirmation	School Grad	
5. Name	Cl	(First)	(Nickname)	(Middle)	(Last)	
of Child:	Gender: Male	/ /	1. 1.	/ /	<u> </u>	
	Female	Date of birth	Baptized	Confirmation	School Grad	
6. Name of Child:	C !	(First)	(Nickname)	(Middle)	(Last)	
	Gender: Male	/ /	/ /	1 1		
	Female	Date of birth	Baptized	Confirmation	School Grad	
Comments/ Special Needs:						