

## Faith Lutheran Church New Member Information Sheet

Name:			
Address:			
City, State, Zip:			
Birthdate:	Baptism:	Confirmation:	
Home Phone:		Cell Phone:	
Occupation:		Work Phone:	
E-Mail Address:			
Spouse's Name:		Anniversary Date:	
	_	Confirmation:	
Home Phone:		Cell Phone:	
Occupation:		Work Phone:	
E-Mail Address:			
Child's Name:		Cell Phone:	
Birthdate:	Baptism:	Confirmation:	
E-Mail Address:			
Child's Name:		Cell Phone:	
Birthdate:	Baptism:	Confirmation:	
E-Mail Address:			
Child's Name:		Cell Phone:	
Birthdate:	Baptism:	Confirmation:	
E-Mail Address:			

Child's Name:		Cell Phone:	
Birthdate:	Baptism:	Confirmation:	
E-Mail Address:			
Child's Name:		Cell Phone:	
Birthdate:	Baptism:	Confirmation:	
E-Mail Address:			
Child's Name:	Cell Phone:		
Birthdate:	Baptism:	Confirmation:	
E-Mail Address:			
•	ow you are connecting with	es we are pleased to send a note to another a Faith Lutheran. Please provide as much as	
Name of Church:			
Address:			
City:	State:	zip:	
Our note to them is th	e following:		

Greetings in the name of Jesus Christ!

YOUR NAMES have been attending Faith and plan to become members. At your earliest convenience please send any information that will be helpful for us to minister and care for them in our family at Faith.

Blessings to you in the name of our Lord and Savior, Jesus Christ.

Carl W Schneider, Senior Pastor Faith Lutheran Church 2111 Lower Roswell Road Marietta, GA 30068 770-973-8877