

**GLORIA DEI LUTHERAN CHURCH - MEMBERSHIP INFORMATION**

Household Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip+4 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

If you have previously belonged to a congregation, please give name and address of church so we may write for a letter of transfer.

ADULT (1) Name of Church: \_\_\_\_\_

City, State \_\_\_\_\_

ADULT (2) Name of Church: \_\_\_\_\_

City, State \_\_\_\_\_

ADULT (1):

ADULT (2):

First/Middle/Last Name \_\_\_\_\_

Nickname \_\_\_\_\_

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

Personal Email \_\_\_\_\_

Maiden Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Birth Date & Place \_\_\_\_\_

Church Background \_\_\_\_\_

Baptism Date \_\_\_\_\_

Baptism Church/City \_\_\_\_\_

First Communion (Y or N) Date \_\_\_\_\_

Confirmation (Y or N) Date \_\_\_\_\_

Confirmation Church/City \_\_\_\_\_

Marital Status \_\_\_\_\_

Wedding Date \_\_\_\_\_

No. Children Born \_\_\_\_\_

Education Level \_\_\_\_\_

(8<sup>th</sup> grade; 12<sup>th</sup> grade; Vo-Tech; Some college; Bachelor/advanced degree)

Ethnicity \_\_\_\_\_

(African Amer./Black, Amer. Ind./Alaska Native, Arab/Middle Eastern, Asian/Pacific Islander, Latino/Hispanic, Multiracial, White/Caucasian, Other)

Military Status \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Occupation Title \_\_\_\_\_

Work Phone \_\_\_\_\_

**(LIST CHILDREN ON OTHER SIDE)**

**CHILDREN (List all who will become members.)**

CHILD (1)

CHILD (2)

First /Middle/Last Name _____	_____
Nickname _____	_____
Family Relationship _____ (Son, Daughter, Adopted, Step child)	_____
Date of Birth & Place _____	_____
Cell Phone _____	_____
Baptism Date _____	_____
Baptism Church/City _____	_____
First Communion (Y or N) Date _____	_____
Confirmation (Y or N) Date _____	_____
Confirmation Church/City _____	_____
Grade Level _____	_____
School _____	_____
Sunday School Grade _____	_____
Ethnicity _____ (African Amer./Black, Amer. Ind./Alaska Native, Arab/Middle Eastern, Asian/Pacific Islander, Latino/Hispanic, Multiracial, White/Caucasian, Other)	_____
Special Needs _____	_____

PLEASE LIST INFORMATION FOR OTHER CHILDREN BELOW:

**Office Use Only:**

Transfer Letter Sent: \_\_\_\_\_

Transfer Letter Recd: \_\_\_\_\_