



Lutheran Women's Missionary League

Biographical Record

Name: _____
(Please print)

Date of Birth: _____ Place of Birth: _____

Spouse's name: _____

Children's names: _____

Father's name: _____

Mother's name: _____

Joined LWML; year: _____ Location: _____

Society level; served as: _____

Date(s) served: _____

Location(s): _____

Elected or appointed: _____

Zone level; served as: _____

Date(s) served: _____

Location(s): _____

Elected or appointed: _____

Board of directors; served as: _____

Date(s) served: _____

Member of church; name: _____

Date(s): _____

Location(s): _____

Submitted by: _____ Date: _____
(Signature)