

**ST. MARTIN LUTHERAN CHURCH**

717 Memorial Drive  
Chilton, WI 53014  
(920) 849-4421 Phone and Fax  
stmartinlcms@frontier.com Email

**Membership Information Sheet (please print)**

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Birth Place: \_\_\_\_\_  
(Month) (Day) (Year) (City, State)

Baptized? Yes or No When: \_\_\_\_\_  
Where: \_\_\_\_\_  
By Whom: \_\_\_\_\_

Confirmed? Yes or No When: \_\_\_\_\_ Bible Verse: \_\_\_\_\_  
Where: \_\_\_\_\_  
By Whom: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
(First, Middle, Maiden name)

Marital Status:  
Married? Yes or No When: \_\_\_\_\_ To Whom: \_\_\_\_\_  
Divorced? Yes or No When: \_\_\_\_\_ From Whom: \_\_\_\_\_  
Widowed? Yes or No When: \_\_\_\_\_ From Whom: \_\_\_\_\_

Present Church Membership: \_\_\_\_\_  
(Congregation) (City, State)

Spouse's Church Membership: \_\_\_\_\_  
(Congregation) (City, State)

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Are you a member of a lodge or secret organization? Yes or No If yes, what organization: \_\_\_\_\_

Military Status/Branch: \_\_\_\_\_

Children:

Name	Birth Date	Baptism Date	Where Baptized	Confirmation Date	Joining St. Martin
					Yes or No
					Yes or No
					Yes or No
					Yes or No
					Yes or No

(Over)

## STATEMENT OF FAITH

1. I believe that the Bible is God's Word and therefore the only guide to salvation.
2. I believe in God the Father, Son, and Holy Spirit.
3. I am resolved to suffer all things with the help of God, even death, rather than to fall away from the Triune God—Father, Son, and Holy Spirit.
4. I believe that I am a sinner and deserve eternal punishment in hell because of my sins.
5. I believe that Jesus Christ—The Son of God—saved me from all my sins by sacrificing his own life for me on the cross of Mount Calvary.
6. I believe that by God's grace through faith in Jesus Christ alone I am saved and will live forever with him in his name.

## PROMISE AND PRAYER

7. I desire to be a member of the Lutheran Church and of St. Martin Lutheran congregation, Chilton, Wisconsin.
8. I promise to be faithful and regular in my attendance to worship.
9. I promise to receive Jesus' true body and blood frequently in the Lord's Supper.
10. I promise to strive for the purity of the Church by avoiding false teachings, false teachers.
11. I promise to be temperate in all things, avoid ungodly living, and will guard myself against bringing dishonor on the Savior and his church.
12. I promise to support the mission work of my congregation and the Lutheran Church at home and abroad with my offerings, talents, and prayer.
13. I will permit the pastor and spiritual leaders of the congregation to guide, warn, encourage, and watch over me.

I wish to become a communicant member of St. Martin Lutheran Church.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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(Office use only)

\_\_\_\_\_ Transfer from: \_\_\_\_\_  
(Church name, affiliation, and city, state)

\_\_\_\_\_ Profession of Faith

\_\_\_\_\_ Reinstatement

\_\_\_\_\_ Confirmation

Pastor Signature: \_\_\_\_\_

Date: \_\_\_\_\_