

New Members of Bethlehem Lutheran Church

Please fill out one form per family

Mailing Address: _____

Physical Address: _____

Adult Name: _____

First

Middle

Last

Date of Birth: _____ Date of Baptism: _____

Church Baptized in: _____

Name

Address

Date of Confirmation: _____

Church Confirmed in: _____

Name

Address

Telephone: _____ E-mail: _____

Adult Name: _____

First

Middle

Last

Date of Birth: _____ Date of Baptism: _____

Church Baptized in: _____

Name

Address

Date of Confirmation: _____

Church Confirmed in: _____

Name

Address

Telephone _____ E-mail: _____

Marital Status: _____ Wedding Date: _____

Transferring from: _____

Name

Address

Your Children Joining Bethlehem:

Name:	_____	_____	_____
	First	Middle	Last
Date of Birth:	_____	Date of Baptism:	_____
Church Baptized in:	_____		
	Name	Address	
Date of Confirmation:	_____		
Church Confirmed in:	_____		
	Name	Address	
Telephone:	_____	E-mail:	_____

Name:	_____	_____	_____
	First	Middle	Last
Date of Birth:	_____	Date of Baptism:	_____
Church Baptized in:	_____		
	Name	Address	
Date of Confirmation:	_____		
Church Confirmed in:	_____		
	Name	Address	
Telephone:	_____	E-mail:	_____

Name:	_____	_____	_____
	First	Middle	Last
Date of Birth:	_____	Date of Baptism:	_____
Church Baptized in:	_____		
	Name	Address	
Date of Confirmation:	_____		
Church Confirmed in:	_____		
	Name	Address	
Telephone:	_____	E-mail:	_____

