

It is our intention to become members of *Lord of Life Lutheran Church of Maple Grove*. As members we make the commitment to worship regularly, grow in faith education, serve others and support the church financially.

MEMBERSHIP RECORD	FOR OFFICE USE
Name _____	
Recd & membership date _____	
Shelby _____ Photo _____ Class _____ Tsfr _____	
Profiles: _____ Lifetimes _____ TIN _____ Org _____	
Story req _____ Story rcvd _____ Info Sent _____	
Certificate _____ Finance _____ File _____	

FAMILY INFORMATION

Street Address _____

City/State _____ Zip _____ Home Phone () _____

Family members currently joining Lord of Life:

_____ adults relation: single / married / partnered / divorced / engaged / other: _____

_____ children

Family members **not** joining Lord of Life at this time (names and relationship): _____

ADULT #1

Legal Last Name _____ First _____ Middle _____ Sex: M / F

Preferred name (ex : Mike for Michael) _____ Maiden (if applicable) _____

Date of Birth _____ Place of Birth _____

Last church affiliation: (circle one) ELCA Lutheran / Other Lutheran / Catholic / other: _____

Church transferring from (include address, city, state, if possible): _____

May Lord of Life notify this church of your transfer and obtain transfer records? _____

Baptized: YES / NO Date _____ Congregation name/city/state _____

Confirmed: YES / NO Date _____ Congregation name/city/state _____

If currently married: Date married: _____ Congregation name/city/state _____

*Occupation: _____ *Work Place: _____ *Work Phone: _____

Cell phone: _____ Email: _____

ADULT #2

Legal Last Name _____ First _____ Middle _____ Sex: M / F

Pref. name (ex: Mike for Michael) _____ Maiden (if applicable) _____

Date of Birth _____ Place of Birth _____

Last church affiliation: (circle one) ELCA Lutheran / Other Lutheran / Catholic / other: _____

Church transferring from (include address, city, state, if possible): _____

May Lord of Life notify this church of your transfer and obtain transfer records? _____

Baptized: YES / NO Date _____ Congregation name/city/state _____

Confirmed: YES / NO Date _____ Congregation name/city/state _____

*Occupation: _____ *Work Place: _____ *Work Phone: _____

Cell phone: _____ Email: _____

Children *joining* Lord of Life at this time. Please list in order the oldest to the youngest.

CHILD #1

Last name: _____ First _____ Middle _____
Preferred name (ex: Mike for Michael) _____ Email / cell # If contact from church is permitted _____
Date of birth: _____ Place of birth: _____ M / F
Current grade/school: _____ *Special needs: _____
Baptized: Yes / No Date: _____ Congregation/city/state: _____
1st Communion Yes / No Mo/Yr _____ Congregation/city/state: _____
Confirmation Yes / No Mo/Yr _____ Congregation/city/state: _____

CHILD #2

Last name: _____ First _____ Middle _____
Preferred name (ex: Mike for Michael) _____ Email / cell # If contact from church is permitted _____
Date of birth: _____ Place of birth: _____ M / F
Current grade/school: _____ *Special needs: _____
Baptized: Yes / No Date: _____ Congregation/city/state: _____
1st Communion Yes / No Mo/Yr _____ Congregation/city/state: _____
Confirmation Yes / No Mo/Yr _____ Congregation/city/state: _____

CHILD #3

Last name: _____ First _____ Middle _____
Preferred name (ex: Mike for Michael) _____ Email / cell # If contact from church is permitted _____
Date of birth: _____ Place of birth: _____ M / F
Current grade/school: _____ *Special needs: _____
Baptized: Yes / No Date: _____ Congregation/city/state: _____
1st Communion Yes / No Mo/Yr _____ Congregation/city/state: _____
Confirmation Yes / No Mo/Yr _____ Congregation/city/state: _____

CHILD #4

Last name: _____ First _____ Middle _____
Preferred name (ex: Mike for Michael) _____ Email / cell # If contact from church is permitted _____
Date of birth: _____ Place of birth: _____ M / F
Current grade/school: _____ *Special needs: _____
Baptized: Yes / No Date: _____ Congregation/city/state: _____
1st Communion Yes / No Mo/Yr _____ Congregation/city/state: _____
Confirmation Yes / No Mo/Yr _____ Congregation/city/state: _____

*Optional information. Lord of Life offers programs for children with special need and their parents. This information will be used to help you meet special needs in the church setting.