



Date: _____

CHURCH RECORDS

Member information for our permanent files

The following information will be incorporated into our computer database for our church records.
Please fill in all spaces as accurately as possible.

FULL NAME (LAST, FIRST, MIDDLE)			
ADDRESS	Street:		
	City:	TX	Zip:
HOME PHONE			
E-MAIL ADDRESS			
BIRTH	Date:	Place:	
BAPTIZED?	Date:	Place:	
CONFIRMED?	Date:	Place:	
EMPLOYMENT INFORMATION	Business Name:	Business Address:	Business Phone:
OTHER PHONE #S (CELL PHONE, CHILDREN'S LINE, FAX, ETC.)			
IN CASE OF EMERGENCY, PLEASE NOTIFY:	Name:		Phone(s):
PRESENT/MOST RECENT MEMBERSHIP	Church Name & Address:		

Please email the completed form to: office@clcah.org



Christ Lutheran Church

FULL NAME (LAST, FIRST, MIDDLE; MAIDEN NAME IF APPLICABLE)			
ADDRESS	Street:		
	City:	TX	Zip:
HOME PHONE (AREA CODE + #)			
E-MAIL ADDRESS			
BIRTH	Date:	Place:	
BAPTIZED? Yes No	Date:	Place:	
CONFIRMED? Yes No	Date:	Place:	
EMPLOYMENT INFORMATION	Business Name:	Business Address:	Business Phone:
OTHER PHONE #S (CELL PHONE, CHILDREN'S LINE, FAX, ETC.)			
EMERGENCY Contact	Name:		
	Phone(s)		
Misc.			



CHILDREN IN HOUSEHOLD

Please list the full name(s) of children still considered a part of your household. College students can be included in this section.

1	Name:	Place of Birth:	Date of Birth:
	Grade in School: As of	Place of Baptism:	Date of Baptism:
	Name of School:	Place of Confirmation:	Date of Confirmation:
2	Name:	Place of Birth:	Date of Birth:
	Grade in School: As of	Place of Baptism:	Date of Baptism:
	Name of School:	Place of Confirmation:	Date of Confirmation:
3	Name:	Place of Birth:	Date of Birth:
	Grade in School: As of	Place of Baptism:	Date of Baptism:
	Name of School:	Place of Confirmation:	Date of Confirmation:
4	Name:	Place of Birth:	Date of Birth:
	Grade in School: As of	Place of Baptism:	Date of Baptism:
	Name of School:	Place of Confirmation:	Date of Confirmation:



GROWN CHILDREN

Include in this section children that do not live in your household.

1	Name:	Address:	Phone
		City:	
		State: Zip:	
2	Name:	Address:	Phone
		City:	
		State: Zip:	
3	Name:	Address:	Phone
		City:	
		State: Zip:	
4	Name:	Address:	Phone
		City:	
		State: Zip:	

FOR OFFICE USE ONLY
Entered in Shelby by:
Date:
Assigned Family Number: