HOLY CROSS LUTHERAN CHURCH MEMBER INFORMATION



Welcome to Holy Cross! We would like your help in maintaining our congregational records. Would you please fill out *one form for every member of your family* and return it to the church office? Thank you for your assistance.

NAME:			
(First)	(Middle)	(Last)	
ADDRESS:			
PHONE: Home - ()		Work - ()	
SEX: Male Femal	e	Email Address	
BIRTHDATE: / /			
FATHER'S NAME:	MO	THER'S NAME:	
		(Maider	n Name)
BAPTISM DATE: /	/	PASTOR	
Name of Church			
Sponsor's Name(s)			
CONFIRMATION DATE:			
Name of Church			
Scripture Passage at Confirm	nation		
MARRIAGE STATUS: Single	Married	Divorced Widow/Widow	er
Marriage Date:	/ /		
Spouse:		Date of Spouse's D	eath: / /
(Please give Maiden	Name where appropri	(ate)	
PREVIOUS CONGREGATION: N	ame		
City		State	
EMPLOYER: Name		Location	
Occupation Type:			(Please turn over)

CHILDREN WHO ARE NOT CURRENTLY LIV	VING AT HOME:
Name:	Age:
EDUCATION LEVEL:	MILITARY STATUS:
What Jesus means to me:	
Favorite Hymns and Bible passages:	
Thoughts I would like to tell my family and friend	ls at my death: