



HOLY CROSS LUTHERAN CHURCH

Member Information Form

Welcome to Holy Cross! We would like your help in maintaining our congregational records. 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: () _____

Email Address: _____

BIRTHDATE: _____

FATHER'S NAME: _____

MOTHER'S NAME (with maiden name): _____

BAPTISM DATE: _____

NAME AND LOCATION OF CHURCH: _____

SPONSOR(S)/GODPARENT(S): _____

CONFIRMATION DATE: _____

NAME AND LOCATION OF CHURCH: _____

SCRIPTURE PASSAGE AT CONFIRMATION _____

MARRIAGE STATUS (circle): Single Married Divorced Widow/Widower

Marriage Date: _____

Date of Spouse's Death if widow/widower: _____

NAME OF CHILDREN AND DATE OF BIRTH

_____	_____
_____	_____
_____	_____

PREVIOUS CONGREGATION(S) AND LOCATIONS:

EMPLOYER & LOCATION: _____

OCCUPATION: _____

EDUCATION LEVEL: _____

MILITARY STATUS: _____

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What Jesus means to me:

Favorite Hymns and Bible passages:

Thoughts I would like to tell my family and friends at my death:

(Please use an additional sheet, if necessary)