Coon Valley
Lutheran Church

NEW MEMBER FORM

NAME_____

ADDRESS_____

PHONE: HOME_____ CELL_____

EMAIL_____

DATE OF BIRTH_____

BAPTIZED: PLACE_____ DATE_____

TRANSFERRING FROM_____

RELIGIOUS BACKGROUND_____

EMPLOYMENT_____

HOBBIES & INTERESTS:

_____Married _____Single

CHILDREN:

_____ DATE OF BIRTH_____

BAPTISMAL DATE_____ CONFIRMATION DATE_____

_____ DATE OF BIRTH_____

BAPTISMAL DATE_____ CONFIRMATION DATE_____

_____ DATE OF BIRTH_____

BAPTISMAL DATE_____ CONFIRMATION DATE_____