



ST STEPHEN'S
LUTHERAN CHURCH

NEW MEMBER REGISTRATION FORM

(We request Individuals over 18 and not living with parents also complete this form. Thank you.)

Name				
Address				
City			State	Zip
Home Phone		Unlisted (circle) Yes No		
Cell Phone		Work Phone		
Email Address				
Occupation				
Date of Birth	Date of Baptism		Date of Confirmation	
Name of Spouse				
Cell Phone			Work Phone	
Email Address				
Occupation				
Date of Birth	Date of Baptism		Date of Confirmation	
Children joining with you -				
Name	Birth Date	Baptism Date	Confirmation Date	Sunday School Grade
<i>Transfer Information: (circle)</i>				
Are you currently a member of another church?		Yes	No	
Have you been a member of another church in the past?		Yes	No	
<i>If you answered yes to either of the above, please provide us with the following:</i>				
Name of Church:				
Address		City/State		Zip
<i>We'd like to know:</i>				
How did you find out about St. Stephen's?				
Why did you decide to visit St. Stephen's?				
Why did you decide to join St. Stephen's?				