

MEMBERSHIP INFORMATION

4/13

First Lutheran Church

Galesburg, Illinois

Information on this form is for our Church Records. It is requested in order to better serve you and the Church. Please complete carefully and return to the Church Office.

ADULTS

Adult 1

Adult 2

Name _____

Address _____

Date of Birth _____

Place of Birth _____

Date of Baptism _____

Date of 1st Communion _____

Date of Confirmation _____

Date of Marriage _____

CHILDREN (also joining)

Child 1

Child 2

Name _____

Date of Birth _____

Place of Birth _____

Date of Baptism _____

Date of 1st Communion _____

Date of Confirmation _____

If unconfirmed, admitted to Holy Communion Yes _____ No _____

Please list names and information for additional children on the back of this sheet.