

All Saints Lutheran Church
Membership Info Sheet (Please print CLEARLY)

LAST NAME	FIRST NAME	MIDDLE NAME

Birth Date:	
Address: (City, State Zip code)	
Phone: (Area Code and Number)	
Email address:	
Occupation:	
Church Background: Dates (if known) or Church Name and City	
Baptized? (No or Date)	
Confirmed? (No or Date)	
Are There any others to join with you?	Yes No
How did you find All Saints?	
Other Information you might like to share:	

Marital Status:	Single Married	Anniversary Date:	
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Other People requesting the membership: (If applicable) Name (First, Middle, Last):	DOB:	Baptized? (No or Date)	Confirmed? (No or Date)	Requesting Membership?
				Yes No
				Yes No

○ **Approved by the Church Council**

Date: _____

Revised 2025