

New Life Member Data Form

NEW LIFE LUTHERAN CHURCH-EVANGELICAL LUTHERAN CHURCH IN AMERICA [ELCA]
3521 EAST ORANGE ST. - PEARLAND, TX 77581 - 281-485-1818
www.newlifelutheran.com

Name: _____
Last First Middle Maiden

Address: _____
Street Apt. # City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____



Yes No College Alumni _____

Occupation: _____ Employer: _____

Date of Birth: _____ Place of Birth (City/ST): _____

Date of Baptism: _____ Church Name/City/ST: _____

Sponsor(s): _____

Date of Confirmation: _____ Church Name/City/ST: _____

Father's Name: _____ Mother's Name/Maiden: _____

Previous Church Name/City/ST: _____

Are you SINGLE _____ MARRIED _____ DIVORCED _____ WIDOW(ER) _____

Name of Spouse: _____ Date of Marriage: _____

Place of Marriage: City _____ Church _____

For Office Use Only

Member #: _____ Envelope Number _____ Date: _____

_____ Affirmation of Baptism _____ Baptism _____ Transfer

_____ Membership Removed/Date: _____ /Reason: _____

SPOUSE INFORMATION

WILL SPOUSE BE A MEMBER OF NEW LIFE LUTHERAN CHURCH? Yes _____ No _____

Name: _____
Last First Middle Maiden

Email Address: _____



Yes No

College Alumni _____

Occupation: _____ Employer: _____

Work Phone: _____

Date of Birth: _____ Place of Birth (City/ST): _____

Date of Baptism: _____ Church Name/City/ST: _____

Sponsor(s): _____

Date of Confirmation: _____ Church Name/City/ST: _____

Father's Name: _____ Mother's Name/Maiden: _____

Previous Church Name/City/ST: _____

DO YOU HAVE CHILDREN LIVING AT HOME?

Yes _____ No _____ If YES, how Many? _____

INFORMATION ON CHILDREN STILL LIVING AT HOME IS REQUESTED. SEE NEXT PAGE (S)

For Office Use Only

Member #: _____ Envelope Number _____ Date: _____

_____ Affirmation of Baptism _____ Baptism _____ Transfer

_____ Membership Removed/Date: _____ /Reason: _____

CHILD(REN) INFORMATION

Name: _____
Last First Middle

Address: _____
(IF OTHER THAN YOUR OWN)

Date of Birth: _____ Place of Birth (City/ST): _____


Date of Baptism: _____ Church Name/City/ST: _____

Sponsor(s): _____

Date of Confirmation: _____ Church Name/City/ST: _____

Father's Name: _____ Mother's Name/Maiden: _____

Previous Church Name/City/ST: _____

Grade: _____ Email Address: _____  Yes No

For Office Use Only		
Member #: _____	Envelope Number _____	Date: _____
_____ Affirmation of Baptism	_____ Baptism	_____ Transfer
Membership Removed/Date: _____ /Reason: _____		

CHILD(REN) INFORMATION

Name: _____
Last First Middle

Address: _____
(IF OTHER THAN YOUR OWN)

Date of Birth: _____ Place of Birth (City/ST): _____

Date of Baptism: _____ Church Name/City/ST: _____

Sponsor(s): _____

Date of Confirmation: _____ Church Name/City/ST: _____

Father's Name: _____ Mother's Name/Maiden: _____

Previous Church Name/City/ST: _____

Grade: _____ Email Address: _____  Yes No

For Office Use Only		
Member #: _____	Envelope Number _____	Date: _____
_____ Affirmation of Baptism	_____ Baptism	_____ Transfer
Membership Removed/Date: _____ /Reason: _____		

CHILD(REN) INFORMATION

Name: _____
Last First Middle

Address: _____
(IF OTHER THAN YOUR OWN)

Date of Birth: _____ Place of Birth (City/ST): _____


Date of Baptism: _____ Church Name/City/ST: _____

Sponsor(s): _____

Date of Confirmation: _____ Church Name/City/ST: _____

Father's Name: _____ Mother's Name/Maiden: _____

Previous Church Name/City/ST: _____

Grade: _____ Email Address: _____  Yes No

For Office Use Only		
Member #: _____	Envelope Number _____	Date: _____
_____ Affirmation of Baptism	_____ Baptism	_____ Transfer
Membership Removed/Date: _____ /Reason: _____		

CHILD(REN) INFORMATION

Name: _____
Last First Middle

Address: _____
(IF OTHER THAN YOUR OWN)

Date of Birth: _____ Place of Birth (City/ST): _____


Date of Baptism: _____ Church Name/City/ST: _____

Sponsor(s): _____

Date of Confirmation: _____ Church Name/City/ST: _____

Father's Name: _____ Mother's Name/Maiden: _____

Previous Church Name/City/ST: _____

Grade: _____ Email Address: _____  Yes No

For Office Use Only		
Member #: _____	Envelope Number _____	Date: _____
_____ Affirmation of Baptism	_____ Baptism	_____ Transfer
Membership Removed/Date: _____ /Reason: _____		

MEMBER SURVEY:

Interest/Hobbies/Passions:

Male:

Female:

Child(ren):

Special skills/expertise (ex: computer, electrical work, plumbing, play piano, sing, art design):
I am willing to help congregants/others when need arise: Yes _____ No _____

Male:

Female:

Child(ren):

Church activities/events I would like to connect with are:

Male:

Female:

Child(ren):