



## **NEW MEMBER INFORMATION FORM**

### **WELCOME!**

(All information is kept confidential)

**Please fill out and return to:**

St. John Lutheran Church

ATTN: Kim

1700 Lost Dauphin Rd De Pere, WI 54115

Phone (920) 336-1082

Email: [office@stjohndepere.org](mailto:office@stjohndepere.org)

**Office Use**

- ☐ Entered in SK
- ☐ Transfer letter sent
- ☐ Photo requested/received
- ☐ Membership certificate
- ☐ Copy given to Pastor
- ☐ Offering Envelopes
- ☐ Email Blast/newsletter

I/we, being baptized and believing in the Lord Jesus Christ as our Savior,  
desire a place in our community where I/we may serve and worship God.

I/We hereby desire to become members of  
*St. John Lutheran Church*, a congregation of the *ELCA*.

**Names:** \_\_\_\_\_  
(Please list the names of adults and/or children wishing to join.)

Address \_\_\_\_\_  
(Street) (City, State) (Zip)

Contact Phone# \_\_\_\_\_

Email \_\_\_\_\_

I/We are transferring from another church. **Yes** **No**

If yes, name of church transferring from: \_\_\_\_\_

\_\_\_\_\_  
(Street) (City, State) (Zip)

**I/We will request our own transfer** \_\_\_\_\_ **Pastor to request transfer** \_\_\_\_\_

If you or your child[ren] are not baptized, would you like the pastor to contact you with information on baptism? **Yes** **No**

I/We would like envelopes for giving \_\_\_\_\_

I/We are interested in electronic giving and will visit [www.stjohndepere.org](http://www.stjohndepere.org) to sign ourselves up \_\_\_\_

**Please also fill out and return the individual membership  
information on the following pages.**

## Individual Information

**Please check one:** Head of Household \_\_\_\_ Spouse/other \_\_\_\_ Child \_\_\_\_

If married date of marriage: \_\_\_\_ Sex: M\_\_ F\_\_

First and Middle Name \_\_\_\_\_

Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (State)

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ Place of Confirmation \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Contact Phone# \_\_\_\_\_ Email \_\_\_\_\_

Ethnic Origin: Hispanic Caucasian African American Asian Native American

Other \_\_\_\_\_

**Marital Status:** Married Single Remarried Divorced Widowed

**Relationship:** Married-no children Married-with children Single Single parent

**Church Background:** Lutheran Other Christian Non-Christian No Affiliation

**Household Type:** Single Adult Adults/Children Adults Only 1- Parent Family

**Please check one:** Spouse/other \_\_\_\_ Child \_\_\_\_ If married date of marriage: \_\_\_\_

First and Middle Name \_\_\_\_\_

Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (State)

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ Place of Confirmation \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Contact Phone# \_\_\_\_\_ Email \_\_\_\_\_

Ethnic Origin: Hispanic Caucasian African American Asian Native American

Other \_\_\_\_\_

**Marital Status:** Married Single Remarried Divorced Widowed

**Relationship:** Married-no children Married-with children Single Single parent

**Church Background:** Lutheran Other Christian Non-Christian No Affiliation

## Individual Information

**First, Middle & Last Name** \_\_\_\_\_

Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (State)

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ Place of Confirmation \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Contact Phone# \_\_\_\_\_ Present Grade \_\_\_\_\_

Email \_\_\_\_\_

Please check one: Child \_\_\_\_\_ Other \_\_\_\_\_ Sex: M\_\_ F\_\_

**First, Middle & Last Name** \_\_\_\_\_

Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (State)

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ Place of Confirmation \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Contact Phone# \_\_\_\_\_

Email \_\_\_\_\_

Please check one: Child \_\_\_\_\_ Other \_\_\_\_\_ Sex: M\_\_ F\_\_

**First, Middle & Last Name** \_\_\_\_\_

Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (State)

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ Place of Confirmation \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Contact Phone# \_\_\_\_\_

Email \_\_\_\_\_

Please check one: Child \_\_\_\_\_ Other \_\_\_\_\_ Sex: M\_\_ F\_\_

Please make additional copies as needed.