



## **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 \_\_\_\_\_

Ethic 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 \_\_\_\_\_

Ethic 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.