



NEW MEMBER INFORMATION FORM

WELCOME!

(All information is kept confidential)

Please fill out and return to:

St. John Lutheran Church
ATTN: Pastor Cindy
1700 Lost Dauphin Rd De Pere, WI 54115
Phone (920) 336-1082
Email: pastorcindy@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 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.