

Resurrection Lutheran Church
New Member Information
Please fill out one form per family member

Name: _____
First Last Name you go by

Address: _____
_____ City State Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Emergency Contact: _____ Phone: _____

Alternate Address: _____
_____ City State Zip

Dates living there: _____

Occupation/Vocation: _____

Please provide Date and/or Location for the following:

Birthday: _____

Born in (city & state): _____

Baptism (date & location): _____

Confirmation (date & location): _____

1st Communion (date & location): _____

Wedding date: _____

Maiden Name: _____

Previous Congregation: _____

Thank you for completing this form. Please return it to the church office or email it to office@rlcfw.org