

LUTHERAN CHURCH OF THE CROSS
MEMBERSHIP INFORMATION

Date Joining LCC _____

Joining by Transfer? Y/N _____
From another congregation _____

Reaffirmation? Y/N _____
We have not been active for a while, but we're excited to be here.

FULL NAME _____ BIRTHDAY _____ BIRTHPLACE _____ BAPTISM DATE (If baptized) _____ CONFIRMATION DATE (If confirmed) _____

CHILDREN:
FULL NAME _____ BIRTHDAY _____ BIRTHPLACE _____ BAPTISM DATE (If baptized) _____ CONFIRMATION DATE (If confirmed) _____

Child(ren) need to be baptized? _____
Adults need to be baptized? _____

PRIMARY ADDRESS: _____

Home Telephone: _____ Business Phones: _____ (if reachable during day)
Email Addresses: _____ (preferred) _____ (others)

PRIOR CHURCH MEMBERSHIP: _____
(If applicable, if none leave blank)

MARRIAGE DATE: _____
OCCUPATIONS: _____
INTERESTS and HOBBIES: _____

How did you first hear about LCC? _____ What helped you in deciding to join LCC? _____