

Please return to Christ Lutheran Church, 32392 122nd St., Columbus, NE 68601

MEMBER INFORMATION
(Please fill in as much as possible)

Mr. _____
(first) (middle) (last)

Home address _____
(address) (city) (state) (zip)

E-mail address: _____

Home phone _____ Cell phone _____

Date of birth _____ Where _____

Baptism date _____ Where _____

Confirmation date _____ Where _____

Current Congregation _____

City, State, Zip _____

Is current congregation a member of the Lutheran Church-Missouri Synod Yes/No

Marriage date _____ Father's name _____

Where _____ Mother's name (maiden) _____

Ms./Mrs. _____
(first) (middle) (last)

E-mail address: _____

Home phone _____ Cell phone _____

Date of birth _____ Where _____

Baptism date _____ Where _____

Confirmation date _____ Where _____

Current Congregation _____

City, State, Zip _____

Is current congregation a member of the Lutheran Church-Missouri Synod Yes/No

Marriage date _____ Father's name _____

Where _____ Mother's name (maiden) _____

Your maiden name _____

NAMES OF CHILDREN

1. _____ Date of birth _____ Where _____
(first) (middle) (last)

Baptism date _____ Church _____ Where _____

Sponsors _____

Confirmation date _____ Church _____ Where _____

2. _____ Date of birth _____ Where _____
(first) (middle) (last)

Baptism date _____ Church _____ Where _____

Sponsors _____

Confirmation date _____ Church _____ Where _____

3. _____ Date of birth _____ Where _____
(first) (middle) (last)

Baptism date _____ Church _____ Where _____

Sponsors _____

Confirmation date _____ Church _____ Where _____

4. _____ Date of birth _____ Where _____
(first) (middle) (last)

Baptism date _____ Church _____ Where _____

Sponsors _____

Confirmation date _____ Church _____ Where _____

5. _____ Date of birth _____ Where _____
(first) (middle) (last)

Baptism date _____ Church _____ Where _____

Sponsors _____

Confirmation date _____ Church _____ Where _____