

Hope Lutheran Church

335 Dairyland Drive
Milton WI 53563

New Member Information for Church Records

Adult

Full Name: _____

Address: _____

City State Zip Code: _____

Home Telephone: _____ Cell _____

Email address: _____

Occupation: _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____

Place of Baptism: _____

Date of Confirmation: _____

Place of Confirmation _____

Date of Marriage: _____

Place of Marriage _____

Spouse: _____

Previous Church Membership: _____

Adult

Full Name: _____

Address: _____

City State Zip Code: _____

Home Telephone: _____ Cell _____

Email address: _____

Occupation: _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____

Place of Baptism: _____

Date of Confirmation: _____

Place of Confirmation _____

Date of Marriage: _____

Place of Marriage _____

Spouse: _____

Previous Church Membership: _____

Children that will be joining.

Full Name (include middle name) _____

Date of Birth: _____ Place of Birth: _____ Date of Baptism: _____ Where Baptized: _____

First Communion instruction: _____ Date & Where: _____

Confirmed: _____ Date & Where: _____

School Grade: _____ School attending: _____

Mother's name: _____ Father's name: _____

Full Name (include middle name) _____

Date of Birth: _____ Place of Birth: _____ Date of Baptism: _____ Where Baptized: _____

First Communion instruction: _____ Date & Where: _____

Confirmed: _____ Date & Where: _____

School Grade: _____ School attending: _____

Mother's name: _____ Father's name: _____

Full Name (include middle name) _____

Date of Birth: _____ Place of Birth: _____ Date of Baptism: _____ Where Baptized: _____

First Communion instruction: _____ Date & Where: _____

Confirmed: _____ Date & Where: _____

School Grade: _____ School attending: _____

Mother's name: _____ Father's name: _____