

Application for Congregational Membership Canton Lutheran Church



Name: _____ Cell Phone: _____

e-mail: _____ Have you been baptized? yes no

Date & Location of Baptism (if applicable): _____

Vocation (work situation): _____ Have you been confirmed? yes no

Date & Location of Confirmation (if known): _____

Are you currently a member of another congregation: yes no

Name, Address and Affiliation of Current Congregation (only applicable if you are currently a member someplace else)

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Household Mailing Information:

_____ *household name as you would like it to appear on mailing labels*

_____ *address*

_____ *city* _____ *state* _____ *zip*

_____ *home phone* _____ *primary e-mail*

Child or Dependent's Full Name: _____ Birth Date: _____

Birth Place (town & hospital) _____ Boy _____ Girl

Age: _____ Grade in School (if applicable) _____ Baptized? ___ yes ___ no Confirmed? ___ yes ___ no

Child or Dependent's Full Name: _____ Birth Date: _____

Birth Place (town & hospital) _____ Boy _____ Girl

Age: _____ Grade in School (if applicable) _____ Baptized? ___ yes ___ no Confirmed? ___ yes ___ no

Child or Dependent's Full Name: _____ Birth Date: _____

Birth Place (town & hospital) _____ Boy _____ Girl

Age: _____ Grade in School (if applicable) _____ Baptized? ___ yes ___ no Confirmed? ___ yes ___ no

Please attach additional sheets if there are additional children of dependents.



canton
Lutheran Church

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