OUR SAVIOR'S LUTHERAN CHURCH NEW MEMBER INFORMATION

Name:			Date received into membership:			
Household Informat	tion:					
Address:		Phone: (C):				
			Phone: (W):			
			Phone: (H):			
E-mail:						
oI authorize OSLC oI DO NOT author						
Personal Informatic	<u>)U:</u>					
Legal Full Name:						
Marital Status:	\mathbf{o} Single	oMarried	oDivorced	\mathbf{o} Widow		
		Date of Marriage:				
		Spouse's nam	Spouse's name:			
Date of Birth:		_			O Non-Member	
Name of Parents:					_	
Date of Baptism:		Name of Church:				
		City,	State:			
Date of Confirmation:		Name of Church:				
		City,	State:			