

Bethany Lutheran Church

New Member Contact Information Sheet

NAME/S: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

ALT. PHONE/S: _____

EMAIL: _____

ANNIVERSARY: _____

BIRTHDAY/S: _____

CHILDREN (list each child separately; adult children should fill out their own form):

Name/s: _____ Birthdate: _____

PREVIOUS CONGREGATION (if applicable): _____

BAPTISM/CONFIRMATION DATE/S (if applicable): _____

CONTACT PREFERENCES:

Church Mailbox

Mailing Address Above

Email