

CHURCH INFORMATION SHEET

* LCHope makes available a directory of member contact information to the congregation. Our goal will be to list everyone's contact information including main phone contact and emails. The items with an asterisk next to them may be included in public distributions. Information will only be listed by permission; please make sure to indicate if you **do not** want your information listed. No work phone numbers will be listed in the directory but will be kept on file for emergency use only. Please feel free to make notes or comments concerning any information you give. Please indicate the main contact phone number and email that should be used to reach you as a family.

emergency	use only.	Please feel free	e to make n		nts concern	ing any inform	mation you give. Pl	
Permission	n to Pub	lish in any pu	ıblic distr	ibutions (i.e. e	e-Anchor,	directory):	Yes	No
HEAD OF	HOUSE	HOLD						
Last Name		First Name				Middle Name		
Maiden Na	ame							
Address								
City			State		Zip			
Main Contact Phone			Cell Phone					
*Email								
Family Email			Family Phone					
*Born	Date			Church		City		State
Baptized								
Confirmed								
Parents' N	ames							
Married to								
		First Name		Maiden Nan	ne	Last Name		
My Partne	r is:	Joining	Not Joi	ning	Already a	Member		
Date Marr	ied							
Occupation				*Employer			*Work Phone#	
I am becor	ming a me	ember of Luthe	eran Churc	ch of Hope by:				
	Letter of	Transfer from:			Church:			
Synod	ELCA	LCMS	Other		Address:			
Adult Confirmation		Baptism	Baptism		Reaffirmation of Faith			

SECOND PERSON Last Name	First Name	Middle Name						
Maiden Name								
Address								
City	State Zip							
Main Contact Phone	Cell Phone							
*Email								
Date	Church	City	State					
*Born								
Baptized								
Confirmed								
Parents' Names								
Married to:								
First Name	Maiden Name	Last Name						
Your Partner is Joining Not	t Joining Already a Member							
Date Married								
Occupation	*Employer	*Work Phone#	*Work Phone#					
I am becoming a member of Luther	an Church of Hope by:							
Letter of Transfer from:	Church:							
Synod ELCA LCMS Othe	er Address:							
Adult Confirmation	Baptism Reaffirma	ation of Faith						
Children Joining: (Please com	plete information for each child	q)						
1. Last Name	First	Middle Name						
	Church	City	State					
*Born	Church	Oity	Otato					
Baptized								
1 _{st} Comm.								
Confirmed								
School Grade	School Attending							

*Cell

*Email

2. First Middle Name Last Name Date Church City State *Born **Baptized** 1st Comm. Confirmed School Attending School Grade *Email *Cell First 3. Last Name Middle Name State Church City Date *Born **Baptized** 1st Comm. Confirmed School Attending School Grade *Email *Cell 4. First Middle Name Last Name Church State Date City *Born **Baptized** 1st Comm. Confirmed School Grade School Attending *Email *Cell Please Leave Any Additional Comments Below: