

Individual Record Form



BETHLEHEM
LUTHERAN

We are happy to welcome you into the Bethlehem Church family. Please complete and return this packet to Michelle Fisher. michelle@bethlehempluth.org

The information you provide will be kept confidential.

Thank you!

Thank you for taking the time to complete the following information. This information will assist you in participating fully in the life of Bethlehem Lutheran Church.

1. **AN INDIVIDUAL RECORD FORM**

Please complete this form so our records will be accurate. If you do not know some of the dates or information simply put "yes" in the blank and take a good guess (for example, after Confirmation). If you know the church where the event took place, please note. The office may assist you in contacting your former church if you wish.

2. **A TRANSFER OF MEMBERSHIP FORM**

Please complete the Transfer of Membership form if your records are at a previous church and you wish to have your life event dates transferred. We will mail it to the church for you. They will forward a **Letter of Transfer** to Bethlehem. If you have no previous church membership, please note that on the transfer form.

- I wish to be on the weekly email list _____
(Email address)
- I wish to receive giving envelopes
- I will give online (please complete online giving form)

What brought you to Bethlehem?

Please contact me. I have questions about the following:

INDIVIDUAL CHURCH RECORD

Instructions: Please complete one copy of this form for each person in your household. (If you need another form for confirmed children let us know!)

Name _____ / _____ / _____ Title _____
(Last) (First) (Middle) Mr/Mrs/Ms/Miss/Dr/etc.

Maiden name, if applicable _____

Address _____

Home Phone _____ Cell Phone _____

E-Mail _____

Employer _____ Occupation _____

Business Phone _____

Birth date _____ Birthplace _____

Date of Baptism _____ Church _____

Date of Confirmation _____ Church _____

Date of First Communion _____ Church _____

Marital Status: married; single; widowed; separated; divorced; engaged

Wedding Date _____ Place _____

Congregation of Previous Membership _____

City and State _____

Church body: ELCA ; other Lutheran;

† other denomination (please specify) _____

Hobbies and Interests:

INDIVIDUAL CHURCH RECORD

Instructions: Please complete one copy of this form for each person in your household. (If you need another form for confirmed children let us know!)

Name _____ / _____ / _____ Title _____
(Last) (First) (Middle) Mr/Mrs/Ms/Miss/Dr/etc.

Maiden name, if applicable _____

Address _____

Home Phone _____ Cell Phone _____

E-Mail _____

Employer _____ Occupation _____

Business Phone _____

Birth date _____ Birthplace _____

Date of Baptism _____ Church _____

Date of Confirmation _____ Church _____

Date of First Communion _____ Church _____

Marital Status: married; single; widowed; separated; divorced; engaged

Wedding Date _____ Place _____

Congregation of Previous Membership _____

City and State _____

Church body: ELCA ; other Lutheran;

† other denomination (please specify) _____

Hobbies and Interests:

CHILDREN JOINING:

1. Full Name _____ Sex: M ___ F ___
(First) (Middle) (Last)

Birth date _____ Birthplace _____

Date of Baptism _____ Church _____

Date of First Communion _____ Church _____

Grade in School _____ School Attending _____

Is this child currently enrolled in church school? yes no; confirmation? yes no

2. Full Name _____ Sex: M ___ F ___
(First) (Middle) (Last)

Birth date _____ Birthplace _____

Date of Baptism _____ Church _____

Date of First Communion _____ Church _____

Grade in School _____ School Attending _____

Is this child currently enrolled in church school? yes no; confirmation? yes no

3. Full Name _____ Sex: M ___ F ___
(First) (Middle) (Last)

Birth date _____ Birthplace _____

Date of Baptism _____ Church _____

Date of First Communion _____ Church _____

Grade in School _____ School Attending _____

Is this child currently enrolled in church school? yes no; confirmation? yes no

4. Full Name _____ Sex: M ___ F ___
(First) (Middle) (Last)

Birth date _____ Birthplace _____

Date of Baptism _____ Church _____

Date of First Communion _____ Church _____

Grade in School _____ School Attending _____

Is this child currently enrolled in church school? yes no; confirmation? yes no

OTHER CHILDREN IN THE FAMILY (not joining):

1. Full Name _____ Sex: M ___ F ___
(First) (Middle) (Last)

Birth date _____ Birthplace _____

Date of Baptism _____ Church _____

Date of First Communion _____ Church _____

Grade in School _____ School Attending _____

2. Full Name _____ Sex: M ___ F ___
(First) (Middle) (Last)

Birth date _____ Birthplace _____

Date of Baptism _____ Church _____

Date of First Communion _____ Church _____

Grade in School _____ School Attending _____

3. Full Name _____ Sex: M ___ F ___
(First) (Middle) (Last)

Birth date _____ Birthplace _____

Date of Baptism _____ Church _____

Date of First Communion _____ Church _____

Grade in School _____ School Attending _____

4. Full Name _____ Sex: M ___ F ___
(First) (Middle) (Last)

Birth date _____ Birthplace _____

Date of Baptism _____ Church _____

Date of First Communion _____ Church _____

Grade in School _____ School Attending _____

Request For Letter Of Transfer

I hereby request that

(former church name)

(synod, if applicable)

(former church address)

(city, state, ZIP)

send a Letter of Transfer to

Bethlehem Lutheran Church
P. O. Box 3850
St. Charles, IL 60174-9085

Thank you for the spiritual nurture, love and opportunities for Christian service we have had with you.

Your assistance in sending a transfer is appreciated. The inclusion of any information pertaining to birth, baptism, confirmation, is especially welcomed. Please include the following members of my household in this transfer:

Please list all persons you wish to have transferred:

In Christ,

(signed)

(date)