

Member Information

Family Last Name(s) _____

Main Phone (____) _____ Family email _____

Address _____

City & State _____ Zip _____

1. Name:(Full Name) _____ Maiden _____ M / F

Head of Household Spouse Other

Current Member of Bethlehem I Wish to Become a Member of Bethlehem

Birthdate: _____ Birth Place: _____

Baptized? **Yes No** Date: _____ Place: _____

Confirmed? **Yes No** Date: _____ Place: _____

Married? **Yes No** Date: _____ Place: _____

Occupation: _____ Employer: _____

Cell Phone: _____ Email: _____

Last Church Membership (Church Name) _____

Address _____

City/State _____ Zip _____

Denomination/Synod _____

What brought you to Bethlehem? _____

2. Name:(Full Name) _____ Maiden _____ M / F

Head of Household Spouse Other

Current Member of Bethlehem I Wish to Become a Member of Bethlehem

Birthdate: _____ Birth Place: _____

Baptized? **Yes No** Date: _____ Place: _____

Confirmed? **Yes No** Date: _____ Place: _____

Married? **Yes No** Date: _____ Place: _____

Occupation: _____ Employer: _____

Cell Phone: _____ Email: _____

Last Church Membership (Church Name) _____

Address _____

City/State _____ Zip _____

Denomination/Synod _____

What brought you to Bethlehem? _____

Please complete reverse side if you have children

Persons 18 years and older are requested to complete a separate Information Form

Name: (Full Name) _____

Son Daughter

Birthdate: _____ Birth Place: _____

Baptized? **Yes No** Date: _____ Place: _____

Confirmed? **Yes No** Date: _____ Place: _____

Received First Communion Instruction? **Yes No**

Current Member of Bethlehem I Wish for them to Become a Member of Bethlehem

Name: (Full Name) _____

Son Daughter

Birthdate: _____ Birth Place: _____

Baptized? **Yes No** Date: _____ Place: _____

Confirmed? **Yes No** Date: _____ Place: _____

Received First Communion Instruction? **Yes No**

Current Member of Bethlehem I Wish for them to Become a Member of Bethlehem

Name: (Full Name) _____

Son Daughter

Birthdate: _____ Birth Place: _____

Baptized? **Yes No** Date: _____ Place: _____

Confirmed? **Yes No** Date: _____ Place: _____

Received First Communion Instruction? **Yes No**

Current Member of Bethlehem I Wish for them to Become a Member of Bethlehem

Name: (Full Name) _____

Son Daughter

Birthdate: _____ Birth Place: _____

Baptized? **Yes No** Date: _____ Place: _____

Confirmed? **Yes No** Date: _____ Place: _____

Received First Communion Instruction? **Yes No**

Current Member of Bethlehem I Wish for them to Become a Member of Bethlehem

Name: (Full Name) _____

Son Daughter

Birthdate: _____ Birth Place: _____

Baptized? **Yes No** Date: _____ Place: _____

Confirmed? **Yes No** Date: _____ Place: _____

Received First Communion Instruction? **Yes No**

Current Member of Bethlehem I Wish for them to Become a Member of Bethlehem