



Bethlehem Lutheran Church  
490 North Fourth Street  
Bayport, MN 55003  
Office: 651-439-3450 • Fax: 651-430-9237  
www.BethlehemStar.org

New Member Information

**Family Last Name(s)** \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Home email \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

1. **Name:(Full Name)** \_\_\_\_\_ Maiden \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Baptized? **Yes No** Date: \_\_\_\_\_ Place: \_\_\_\_\_

Confirmed? **Yes No** Date: \_\_\_\_\_ Place: \_\_\_\_\_

Married? **Yes No** Date: \_\_\_\_\_ Place: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work email: \_\_\_\_\_

**Joining Bethlehem? Yes No**  Currently a Member at Bethlehem

Last Church Membership (Church Name) \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Denomination/Synod \_\_\_\_\_

What brought you to Bethlehem? \_\_\_\_\_

2. **Name:(Full Name)** \_\_\_\_\_ Maiden \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Baptized? **Yes No** Date: \_\_\_\_\_ Place: \_\_\_\_\_

Confirmed? **Yes No** Date: \_\_\_\_\_ Place: \_\_\_\_\_

Married? **Yes No** Date: \_\_\_\_\_ Place: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work email: \_\_\_\_\_

**Joining Bethlehem? Yes No**  Currently a Member at Bethlehem

Last Church Membership (Church Name) \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Denomination/Synod \_\_\_\_\_

What brought you to Bethlehem? \_\_\_\_\_

*Please complete reverse side if you have children*



**Children Living at Home**

*Children 18 years and older joining Bethlehem are requested  
To complete a separate Membership Information Form*

**Name: (Full Name)** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Baptized? **Yes No** Date: \_\_\_\_\_ Place: \_\_\_\_\_

Confirmed? **Yes No** Date: \_\_\_\_\_ Place: \_\_\_\_\_

Has child received First Communion Instruction? **Yes No**

**Joining Bethlehem? Yes No**  Currently a Member at Bethlehem

**Name: (Full Name)** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Baptized? **Yes No** Date: \_\_\_\_\_ Place: \_\_\_\_\_

Confirmed? **Yes No** Date: \_\_\_\_\_ Place: \_\_\_\_\_

Has child received First Communion Instruction? **Yes No**

**Joining Bethlehem? Yes No**  Currently a Member at Bethlehem

**Name: (Full Name)** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Baptized? **Yes No** Date: \_\_\_\_\_ Place: \_\_\_\_\_

Confirmed? **Yes No** Date: \_\_\_\_\_ Place: \_\_\_\_\_

Has child received First Communion Instruction? **Yes No**

**Joining Bethlehem? Yes No**  Currently a Member at Bethlehem

**Name: (Full Name)** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Baptized? **Yes No** Date: \_\_\_\_\_ Place: \_\_\_\_\_

Confirmed? **Yes No** Date: \_\_\_\_\_ Place: \_\_\_\_\_

Has child received First Communion Instruction? **Yes No**

**Joining Bethlehem? Yes No**  Currently a Member at Bethlehem

**Name: (Full Name)** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Baptized? **Yes No** Date: \_\_\_\_\_ Place: \_\_\_\_\_

Confirmed? **Yes No** Date: \_\_\_\_\_ Place: \_\_\_\_\_

Has child received First Communion Instruction? **Yes No**

**Joining Bethlehem? Yes No**  Currently a Member at Bethlehem