

ADULT MEMBERSHIP FORM

**Peace Ev. Lutheran Church
9415 Merriman Rd.
Livonia, MI 48150**

Full Name: _____

(Last) (First) (Middle)

Maiden Name (if married): _____

Address: _____ City _____

State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Birthdate: _____ Birthplace: _____

Date of Baptism _____ Officiating Minister _____

Place/Church of Baptism: _____

(Name of Church and Location)

Date of Confirmation: _____ Youth () _____ Adult () _____

Officiating Minister: _____ Confirmation Verse: _____

Place/Church of Confirmation: _____ Location: _____

Marital Status: Single Married Divorced Remarried

Spouse's Full Given Name: _____

Date of Marriage: _____ Officiating Minister: _____

Place/Church of Marriage _____

(Name of Church and Location)

Names of Children: _____ Birthdates of Children: _____ Phone Numbers for Emergencies: _____

1 _____

2 _____

3 _____

4 _____

5 _____

(please place in order of their birthdate from oldest to youngest)

(please complete reverse side)

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Education Level Completed:

High School/GED () Vocation/Tech () College() Post Graduate ()

Military Status:

Branch of Service: _____ Years Served: _____ - _____

Current Occupation: _____

Employer Name & Address: _____

Father's Full Given Name: _____

Mother's Full Given Name: _____

Signature: _____ Date: _____

For CHURCH OFFICE Use Only

Received into Membership via: _____

Received by Church Council on: _____

Completed membership checklist on: _____