Child Membership Information Form

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

Full Name: _____
(Last) (First) (Middle)

Address: _____ City _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Birthdate: _____ Birthplace: _____

Place/Church of Baptism: _____
(Name of Church and Location)

Date of Baptism: _____

Godparents/Sponsors: _____

Grade in School (if applicable): _____

School Student Attends: _____ Location: _____

Enroll in Cradle Roll: Yes No

Enroll in Sunday School: Yes No

Father's Full Given Name: _____

Mother's Full Maiden Name: _____

For CHURCH OFFICE Use Only

Received into Membership via: _____

Received by Church Council on: _____

Completed membership checklist on: _____