

## NEW MEMBER INFORMATION FORM

FULL NAME \_\_\_\_\_

PREVIOUS CHURCH MEMBERSHIP (member/non-member) \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

DATE OF BAPTISM (Congregation, City/Town, & State) \_\_\_\_\_

\_\_\_\_\_

FIRST COMMUNION \_\_\_\_\_

COMPLETION OF CONFIRMATION \_\_\_\_\_

FATHER'S NAME (member/non-member) \_\_\_\_\_

MOTHER'S MAIDEN NAME (member/non-member) \_\_\_\_\_

***Please send completed form to:***

***Messiah Lutheran Church  
3 South Third Street  
Mifflintown, PA 17059***

***OR email completed form to:  
messiahlutheran@pa.net***