



CELEBRATE

FIRST LUTHERAN CHURCH

619 Broadway
Fargo, ND 58102

Member Information

Full Name: _____

Address: _____

City/State: _____ Zip _____

Home/Cell Phone: _____ E-mail: _____

Occupation: _____ Employer: _____

Work Phone: _____

Birth Date: _____ Married: Yes No Date: _____

Baptized: Yes No Date: _____ Where: _____

Confirmed: Yes No Date: _____ Where: _____

Last Church Membership (Church Name): _____

Address: _____

City/State: _____ Zip _____

Full Name: _____

Address: _____

City/State: _____ Zip _____

Home/Cell Phone: _____ E-mail: _____

Occupation: _____ Employer: _____

Work Phone: _____

Birth Date: _____ Married: Yes No Date: _____

Baptized: Yes No Date: _____ Where: _____

Confirmed: Yes No Date: _____ Where: _____

Last Church Membership (Church Name): _____

Address: _____

City/State: _____ Zip _____

If children are joining, please fill in the back of this form.

Children

Name: _____

Birth Date: _____ Grade: _____

Baptized: Yes No Date: _____ Church Name: _____

City & State: _____

Confirmed: Yes No Date: _____ Church Name: _____

City/State: _____ Zip _____

Name: _____

Birth Date: _____ Grade: _____

Baptized: Yes No Date: _____ Church Name: _____

City & State: _____

Confirmed: Yes No Date: _____ Church Name: _____

City/State: _____ Zip _____

Name: _____

Birth Date: _____ Grade: _____

Baptized: Yes No Date: _____ Church Name: _____

City & State: _____

Confirmed: Yes No Date: _____ Church Name: _____

City/State: _____ Zip _____

Name: _____

Birth Date: _____ Grade: _____

Baptized: Yes No Date: _____ Church Name: _____

City & State: _____

Confirmed: Yes No Date: _____ Church Name: _____

City/State: _____ Zip _____

(if additional pages are needed please contact Shirley 701-235-7389 or stietz@flcfargo.org at First Lutheran)