Our Saviour's Lutheran Church, Merrill, Wisconsin

New Member Information

Household Information:		
Mail to:	E-mail Address:	
Address:	City:	State:
Home Phone:	Cell Phone:	
Membership Information:		
Member Name:		
(First) (Middle)	(Last)	
Work Phone:Occupation:	Work Place:	
Birth Date:	Location:	
Baptismal Date:	Church:	
Confirmation Date:		
Marriage Date:	Church:	
Father:	_ Mother (maiden):	
Spouse Name: (Middle)	(Last)	(Maiden Name)
Work Phone:Occupation:		
Birth Date:		
Baptismal Date:		
Confirmation Date:		
Father:		
Children:		
Name:		
(First) (Mic	idle)	(Last)
Birth Date:	Location:	
Baptismal Date:	Church:	
Confirmation Date:	Church:	
Parent(s) name (if different)		
Name:		
Name:(First) (Mic	ddle)	(Last)
Birth Date:	,	, ,
Baptismal Date:		
Confirmation Date:		
Parent(s) name (if different)		

(Middle)	(Last)
	Location: Church: Church: Church: