



# SILVERDALE LUTHERAN CHURCH

*Grace Filled. Spirit Led.*

**Please fill out and return to:**

Silverdale Lutheran Church  
ATTN: Office Manager  
11700 Ridgepoint DR NW Silverdale, WA 98383  
Phone (360) 692-9263  
Email: [slc@silverdalelutheran.org](mailto:slc@silverdalelutheran.org)

Office Use

- Entered in SK
- Transfer letter sent
- Photo requested/received
- Membership certificate
- Copy given to Pastor
- Offering Envelopes
- Email Blast/newsletter

## NEW MEMBER INFORMATION FORM

### WELCOME!

(All information is kept confidential)

**Names:** \_\_\_\_\_

(Please list the names of adults and/or children wishing to join.)

\_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City, State)

(Zip)

Contact Phone# \_\_\_\_\_

Email \_\_\_\_\_

I/We are transferring from another church. **Yes**                      **No**

If yes, name of church transferring from: \_\_\_\_\_

\_\_\_\_\_

(Street)

(City, State)

(Zip)

**I/We will request our own transfer** \_\_\_\_\_                      **Pastor to request transfer** \_\_\_\_\_

If you or your child[ren] are not baptized, would you like the pastor to contact you with information on baptism? **Yes**                      **No**

I/We would like envelopes for giving \_\_\_\_\_

I/We are interested in electronic giving and will visit [www.silverdalelutheran.org](http://www.silverdalelutheran.org) to sign ourselves up \_\_\_\_\_

**Please also fill out and return the individual membership information on the following pages.**

## Individual Information

**Please check one:** Head of Household \_\_\_\_ Spouse/other \_\_\_\_ Child \_\_\_\_  
If married date of marriage: \_\_\_\_\_ Sex: M\_\_ F\_\_

First and Middle Name \_\_\_\_\_

Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (State)

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ Place of Confirmation \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Contact Phone# \_\_\_\_\_ Email \_\_\_\_\_

Ethic Origin: Hispanic Caucasian African American Asian Native American

Other \_\_\_\_\_

**Marital Status:** Married Single Remarried Divorced Widowed

**Relationship:** Married-no children Married-with children Single Single parent

**Church Background:** Lutheran Other Christian Non-Christian No Affiliation

**Household Type:** Single Adult Adults/Children Adults Only 1- Parent Family

**Please check one:** Spouse/other \_\_\_\_ Child \_\_\_\_ If married date of marriage: \_\_\_\_\_

First and Middle Name \_\_\_\_\_

Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (State)

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ Place of Confirmation \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Contact Phone# \_\_\_\_\_ Email \_\_\_\_\_

Ethic Origin: Hispanic Caucasian African American Asian Native American

Other \_\_\_\_\_

**Marital Status:** Married Single Remarried Divorced Widowed

**Relationship:** Married-no children Married-with children Single Single parent

**Church Background:** Lutheran Other Christian Non-Christian No Affiliation

## Individual Information

**First, Middle & Last Name** \_\_\_\_\_

Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (State)

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ Place of Confirmation \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Contact Phone# \_\_\_\_\_ Present Grade \_\_\_\_\_

Email \_\_\_\_\_

Please check one: Child \_\_\_\_\_ Other \_\_\_\_\_ Sex: M\_\_ F\_\_

**First, Middle & Last Name** \_\_\_\_\_

Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (State)

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ Place of Confirmation \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Contact Phone# \_\_\_\_\_

Email \_\_\_\_\_

Please check one: Child \_\_\_\_\_ Other \_\_\_\_\_ Sex: M\_\_ F\_\_

**First, Middle & Last Name** \_\_\_\_\_

Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (State)

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ Place of Confirmation \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Contact Phone# \_\_\_\_\_

Email \_\_\_\_\_

Please check one: Child \_\_\_\_\_ Other \_\_\_\_\_ Sex: M\_\_ F\_\_

Please make additional copies as needed.