

CHURCH RECORDS FORM FOR CHILDREN JOINING WITH PARENTS

Last Name _____ First _____ Middle _____

Date of Birth _____ Birthplace _____ Gender: M F
(city/state)

Call phone () _____ - _____ E-mail _____

Baptism: Date: ____ / ____ / ____ Church _____ WELS? _____

City/State _____ Officiant _____

Confirmation: Date: ____ / ____ / ____ Church _____ WELS? _____

City/State _____ Officiant _____

School _____ Grade _____

(To be filled out by pastor)

How entered:

Baptized ____ Confirmed ____ Profession of faith ____ Transfer ____ from _____
name of congregation

Membership date: _____

Last Name _____ First _____ Middle _____

Date of Birth _____ Birthplace _____ Gender: M F
(city/state)

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