

**PEACE LUTHERAN MINISTRIES**

**New Member Information – (Child)**

**Please fill out one form for all children in household**

**For Office:**

**Envel # (If Confirmed):** \_\_\_\_\_

**Rcvd by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

1st Child's First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Preferred Name \_\_\_\_\_ Maiden/Birth Name \_\_\_\_\_

Child's Cell Phone \_\_\_\_\_ Listed? \_\_\_\_\_ - Yes \_\_\_\_\_ -No

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_ Sunday School Grade \_\_\_\_\_

Child's Email Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ -Male \_\_\_\_\_ Female

Place of Birth \_\_\_\_\_ Baptized? \_\_\_\_\_ - Yes \_\_\_\_\_ -No Date \_\_\_\_\_

Ethnic Origin \_\_\_\_\_ Confirmed? \_\_\_\_\_ - Yes \_\_\_\_\_ -No Date \_\_\_\_\_

Church Background \_\_\_\_\_ First Communion? \_\_\_\_\_ - Yes \_\_\_\_\_ -No Date \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

2nd Child's First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Preferred Name \_\_\_\_\_ Maiden/Birth Name \_\_\_\_\_

Child's Cell Phone \_\_\_\_\_ Listed? \_\_\_\_\_ - Yes \_\_\_\_\_ -No

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_ Sunday School Grade \_\_\_\_\_

Child's Email Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ -Male \_\_\_\_\_ Female

Place of Birth \_\_\_\_\_ Baptized? \_\_\_\_\_ - Yes \_\_\_\_\_ -No Date \_\_\_\_\_

Ethnic Origin \_\_\_\_\_ Confirmed? \_\_\_\_\_ - Yes \_\_\_\_\_ -No Date \_\_\_\_\_

Church Background \_\_\_\_\_ First Communion? \_\_\_\_\_ - Yes \_\_\_\_\_ -No Date \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

3rd Child's First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Preferred Name \_\_\_\_\_ Maiden/Birth Name \_\_\_\_\_

Child's Cell Phone \_\_\_\_\_ Listed? \_\_\_\_\_ - Yes \_\_\_\_\_ -No

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_ Sunday School Grade \_\_\_\_\_

Child's Email Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ -Male \_\_\_\_\_ Female

Place of Birth \_\_\_\_\_ Baptized? \_\_\_\_\_ - Yes \_\_\_\_\_ -No Date \_\_\_\_\_

Ethnic Origin \_\_\_\_\_ Confirmed? \_\_\_\_\_ - Yes \_\_\_\_\_ -No Date \_\_\_\_\_

Church Background \_\_\_\_\_ First Communion? \_\_\_\_\_ - Yes \_\_\_\_\_ -No Date \_\_\_\_\_