



Holy Cross Lutheran Church  
*A member of Lutheran Congregations in Mission for Christ (LCMC)*  
PO Box 462 | 5460 63<sup>rd</sup> St NW  
Maple Lake, MN 55358  
763-463-9447

## New Member Registration and Biographical Sheet

**Database Information:** The church maintains a digital database of information, which we use for contact information and to print mailing lists and directories. Please fill out as completely as you're able.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birthday: \_\_\_\_\_ Baptism Date (if known): \_\_\_\_\_

Confirmation Date (if known): \_\_\_\_\_

Email Address: \_\_\_\_\_ Yes, I'd like to receive the weekly eNews ☐

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birthday: \_\_\_\_\_ Baptism Date (if known): \_\_\_\_\_

Confirmation Date (if known): \_\_\_\_\_

Email Address: \_\_\_\_\_ Yes, I'd like to receive the weekly eNews ☐

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Children (if applicable):

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Baptism Date (if known): \_\_\_\_\_ Current Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Baptism Date (if known): \_\_\_\_\_ Current Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Baptism Date (if known): \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Introduction:** We like to include a brief biographical statement in the church newsletter, introducing new members to the congregation. Please feel free to share whatever information you would like.

Where you live (in relation to town): \_\_\_\_\_

Where you used to live (if you're new to the area): \_\_\_\_\_

What was it about this congregation that made you want to become a member: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Hobbies/Occupation/Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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