RESURRECTION LUTHERAN CHURCH
PLANO, TEXAS
MEMBER INFORMATION
CHILD/YOUTH

Today's Date_____ Date Joining_____

Parents Names: _____ _____
(Mother) (Father)

Name _____ Preferred Name_____
(First) (MI) (Last) (Nickname, etc.)

Address_____City_____Zip_____

Home Phone (_____)_____ E-Mail_____

Gender _____Male _____Female Ethnic Origin_____

Birthdate_____Birthplace_____HomeTown_____

Baptism_____
(Date) (Name of Church) (Denomination) (Place)

First Communion _____
(Date) (Name of Church) (Denomination) (Place)

Confirmation_____
(Date) (Name of Church) (Denomination) (Place)

Last Church Attended_____

Current School_____Grade_____

Alternate Address (School, Summer, etc.)_____

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_____

Special Interests (i.e. Hobbies, Leisure Activities, etc.) _____

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Special Needs_____