

CHILD / YOUTH MEMBERSHIP FORM

Complete one form for each person under age 18.



**Nativity
Lutheran Church**

NAME: (Please print your full first, middle, and last name.)

TODAY'S DATE: ____ / ____ / ____

First Middle Last

First name you want to be called

Optional Gender: ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to say | Preferred Pronouns ____ / ____ / ____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

BIRTH DATE:

Date of Birth: ____ / ____ / ____ Place of Birth: (Town/City) ____ (State) ____

ETHNIC IDENTIFICATION: (Please check all that apply. This allows the ELCA to track representation from various ethnic groups.)

- | | | |
|---|---|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Arab/Middle Eastern | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> African National/African-Caribbean | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Latino/Hispanic | |

BAPTISM INFORMATION:

 (Check One)

- | | |
|---|---|
| <input type="checkbox"/> I have never been baptized. | <input type="checkbox"/> I was baptized. Please provide the following baptism information as you are able. |
| <input type="checkbox"/> I have never been baptized,
and I would like information
to consider it. | Date of baptism (M/D/Y): ____ / ____ / ____
Congregation baptized in: _____
(Congregation Name) (Town/City) (State) |

Not everyone comes from faith traditions that celebrate these religious milestones. Please provide as much of the following information as you can.

FIRST COMMUNION: (If applicable & info is available) Congregation: _____ Year: _____

CONFIRMATION: (If applicable & info is available) Congregation: _____ Year: _____

OFFICE USE ONLY | Official Date of Membership:

RETURN FORMS by your joining date to Joanne Griffin.
Email forms to Joanne@NativityChurch.org, mail them
to the church, or drop them at the Welcome Desk.

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