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Lenexa, KS 66215-3637
913-888-5051

Salem-secretary@salemlutheran-ks.org

Mission Partner Information

Encounter, Grow, Serve

HOUSEHOLD INFORMATION (Please Print)

Household Mailing Name: _____

Household Address: _____

City/State/Zip: _____ Home Phone: _____

ADULT CONTACT INFORMATION

First Name: _____ Preferred Name (Nickname): _____

Middle Name: _____ Last Name: _____

Marital Status: Married / Single / Divorced / Widowed / Other _____

E-mail Address: _____

Cell Phone: _____ Work Phone: _____

Birth Date: _____ Birth Place: _____

Baptism Date: _____ Church Baptized: _____

Confirmation Date: _____ Church Confirmed: _____

Marriage Date: _____ Church Married: _____

Thrivent Member: Member / Board Member / Cong. Coord. / Other _____

Occupation: _____ Hobbies: _____

Other Interests or Passions: _____

ADULT CONTACT INFORMATION

First Name: _____ Preferred Name (Nickname): _____

Middle Name: _____ Last Name: _____

Marital Status: Married / Single / Divorced / Widowed / Other _____

E-mail Address: _____

Cell Phone: _____ Work Phone: _____

Birth Date: _____ Birth Place: _____

Baptism Date: _____ Church Baptized: _____

Confirmation Date: _____ Church Confirmed: _____

Marriage Date: _____ Church Married: _____

Thrivent Member: Member / Board Member / Cong. Coord. / Other _____

Occupation: _____ Hobbies: _____

Other Interests or Passions: _____

INFORMATION FOR CHILDREN

First Name: _____ Preferred Name (Nickname): _____

Middle Name: _____ Last Name: _____

E-mail Address: _____

Cell Phone: _____

Birth Date: _____ Birth Place: _____

Baptism Date: _____ Church Baptized: _____

Confirmation Date: _____ Church Confirmed: _____

Grade in School: _____ School District: _____

Hobbies / Other Interests: _____

First Name: _____ Preferred Name (Nickname): _____

Middle Name: _____ Last Name: _____

E-mail Address: _____

Cell Phone: _____

Birth Date: _____ Birth Place: _____

Baptism Date: _____ Church Baptized: _____

Confirmation Date: _____ Church Confirmed: _____

Grade in School: _____ School District: _____

Hobbies / Other Interests: _____

SOMETHING ABOUT YOU AND YOUR FAMILY

This information will be used in our announcements when you are received as members during the worship service.

HOW WILL YOU BE RECEIVED?

Letter of Transfer / Baptism / Affirmation of Faith / Associate Member

If Transferring from another congregation, please fill in below

Church: _____

Address: _____

INFORMATION FOR ADDITIONAL CHILD (IF NEEDED)

First Name: _____ Preferred Name (Nickname): _____

Middle Name: _____ Last Name: _____

E-mail Address: _____

Cell Phone: _____

Birth Date: _____ Birth Place: _____

Baptism Date: _____ Church: _____

Confirmation Date: _____ Church: _____

Grade in School: _____ School District: _____

Hobbies / Other Interests: _____