




1300 East 10th Street
Sioux Falls, SD 57103-1796
Phone: (605) 336-3597

www.eastsidelc.org

***New Member Information Sheet**

Date _____

Household Section:

Please use baptized names with nicknames in parenthesis

Address _____

Home Phone _____

Cell Phone _____

E-Mail Address _____

Man's full name

Women's full name including maiden

Name _____
(First) (Middle) (Last)

Name _____
(First) (Middle) (Last)

Occupation _____

Occupation _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Previous Church Membership _____

Previous Church Membership _____

Should we write for your transfer? _____

Should we write for your transfer? _____

Date of Birth _____

Date of Birth _____

Place of Birth _____

Place of Birth _____

Baptism Date _____

Baptism Date _____

Place of Baptism _____

Place of Baptism _____

Confirmation Date _____

Confirmation Date _____

Place of Confirmation _____

Place of Confirmation _____

Marital Status _____ Date _____

Marital Status _____ Date _____

Please complete the other side also

Hobbies & interests _____

CHILD

Name _____

Date of Birth _____

Place of Birth _____

Baptism Date _____

Baptism Place _____

Confirmation Date _____

Confirmation Place _____

Grade Level _____ School _____

CHILD

Name _____

Date of Birth _____

Place of Birth _____

Baptism Date _____

Baptism Place _____

Confirmation Date _____

Confirmation Place _____

Grade Level _____ School _____

CHILD

Name _____

Date of Birth _____

Place of Birth _____

Baptism Date _____

Baptism Place _____

Confirmation Date _____

Confirmation Place _____

Grade Level _____ School _____

CHILD

Name _____

Date of Birth _____

Place of Birth _____

Baptism Date _____

Baptism Place _____

Confirmation Date _____

Confirmation Place _____

Grade Level _____ School _____

Thank you for providing the above information!