

St. Luke Lutheran Church
5869 Ocean Highway West
Ocean Isle Beach NC 28469
Phone 910-579-0107 Fax 910-579-0017
e-mail stlukeelca@atmc.net

Information requested for St. Luke's PARISH DIRECTORY

Full Name: _____

Birth: Place: _____ Date _____

Baptism: Congregation/Location _____ Date _____

First Holy Communion: Congregation/Location _____ Date _____

Confirmation: Congregation/Location _____ Date _____

Marriage: To Whom _____ Date _____ Marital Status _ M _ D _ S _ W
(women- maiden name)

Location: _____

If you are unsure of the above dates, indication approximate date

Local Address _____

City _____ State _____ ZIP _____

Telephone _____ E-mail address _____

Cell phone _____ E-mail address _____

Work Place _____ Work Phone _____

Work Mailing Address _____

City _____ State _____ Zip _____

Nearest relative not living with you _____

Phone _____

Received into membership _____ Date _____

The following information is needed in order that we may obtain a Letter of Transfer for you. If you are not now an active member of a church, you will be received by Affirmation of Faith or Restoration to Membership.

I am now a member of: Congregation _____

Pastor (if known) _____

Church Address _____

city/state/zip _____

- I do not have an active church membership at the present time.**
- I have not been confirmed.**
- I have not been baptized.**

Additional information for St. Luke files.

Children:

NAME: _____ **ADDRESS:** _____
_____ **PHONE:** _____

NAME: _____ **ADDRESS:** _____
_____ **PHONE:** _____

NAME: _____ **ADDRESS:** _____
_____ **ADDRESS:** _____

NAME: _____ **ADDRESS:** _____
_____ **PHONE:** _____

Please list hobbies, interest or other activities.
