



Queen Anne

LUTHERAN CHURCH

2400 8th Avenue W., Seattle, WA 98119
206.284.1960 admin@queenannelutheran.org

APPLICATION FOR MEMBERSHIP

Date _____ Email _____

Full Name (First, Middle, Last) _____

Preferred /Nickname _____ Maiden Name _____

Street Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

(optional) Work Phone _____ Work Email _____

Name of former congregation _____

City _____ State _____

Please list on the lines below your own name, and the names of any family members, including children to be received into membership.

Name _____

Date of Birth _____

Place of Birth _____

Date of Baptism _____

Place of Baptism _____

(Include Church) _____

Date of Confirmation _____

Place of Confirmation _____

Date of Marriage _____

Place of Marriage _____

Please note: ___Single ___Married ___Divorced ___Widowed

Name _____

Date of Birth _____

Place of Birth _____

Date of Baptism _____

Place of Baptism _____

(Include Church) _____

Date of Confirmation _____

Place of Confirmation _____

Name _____

Date of Birth _____

Place of Birth _____

Date of Baptism _____

Place of Baptism _____

(Include Church) _____

Date of Confirmation _____

Place of Confirmation _____