

MEMBERSHIP FORM

Christ the King Lutheran Church
2353 Rice Blvd Houston, Texas 77005-2696
713-523-2864 • FAX 713-523-6578

Full Name _____

Home Phone _____ Cell Phone _____

Home email address _____

Street _____ City/State _____ Zip Code _____

Date of Birth _____ Place of Birth _____

Father _____ Living _____ Dead _____

Mother (include maiden name) _____ Living _____ Dead _____

Home Church prior to joining Christ the King _____

Address of Church _____

Date of Baptism _____ Church of Baptism _____

Address of Church _____

Date of Confirmation _____ Church of Confirmation _____

Address of Church _____

Date of Marriage _____ Church of Marriage _____

Address of Church _____

Name of Spouse (include maiden name of wife) _____

Children	Date of Birth	Date of Baptism
_____	_____	_____
_____	_____	_____
_____	_____	_____

Place of Employment _____ Occupation _____

Address _____ Business Phone _____

Work email address _____

Emergency Contact (other than above family)

Name _____ Phone _____

Address _____

For Church Office to complete:

Received into Christ the King by _____ Date _____

Pastor _____ Register # _____ Envelope # _____

Left Christ the King Church: Date _____ Reason _____