



## Christ Our Savior Lutheran Church **New Member Data Form**

Please fill out this requested information as best you can and return to the church office (4610 Belding Road / Rockford MI 49341 – [cosrock\\_staffminister@hotmail.com](mailto:cosrock_staffminister@hotmail.com) – fax 616.866.8581).

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Baptism Date:** \_\_\_\_\_

**Confirmation Date:** \_\_\_\_\_

**Wedding Date:** \_\_\_\_\_

### **CHILDREN-**

**Full Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Baptism Date:** \_\_\_\_\_

**Confirmation Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Baptism Date:** \_\_\_\_\_

**Confirmation Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Baptism Date:** \_\_\_\_\_

**Confirmation Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Baptism Date:** \_\_\_\_\_

**Confirmation Date:** \_\_\_\_\_

**Date First Visited COS:** \_\_\_\_\_

**Date Joined COS:** \_\_\_\_\_

**Tell us something you like about COS?**

**Tell us something you'd like to improve at COS?**