

TRANSFER INFORMATION: If you are transferring from another church, indicate the name of the church where you are presently a member _____

Address of church _____

NOTE: Please be sure to request that the church in which you currently are a member sends transfer documents to Immanuel so that you are officially on our rolls. Ask your church to send the documents to the following address: Immanuel Lutheran Church, 607 West Main Street, Elk Point, SD 57025. Alternately, documents can be emailed to ilcep@iw.net.

Complete all details below that apply for each person who desires to join the church.

Name _____
BIRTH: Date _____
Place _____
BAPTISM: Date _____
Place _____
CONFIRMATION: Date _____
Place _____
MARRIAGE: Date _____
Place _____

Name _____
BIRTH: Date _____
Place _____
BAPTISM: Date _____
Place _____
CONFIRMATION: Date _____
Place _____
MARRIAGE: Date _____
Place _____

Name _____
BIRTH: Date _____
Place _____
BAPTISM: Date _____
Place _____
CONFIRMATION: Date _____
Place _____
MARRIAGE: Date _____
Place _____

Name _____
BIRTH: Date _____
Place _____
BAPTISM: Date _____
Place _____
CONFIRMATION: Date _____
Place _____
MARRIAGE: Date _____
Place _____

Name _____
BIRTH: Date _____
Place _____
BAPTISM: Date _____
Place _____
CONFIRMATION: Date _____
Place _____
MARRIAGE: Date _____
Place _____

Name _____
BIRTH: Date _____
Place _____
BAPTISM: Date _____
Place _____
CONFIRMATION: Date _____
Place _____
MARRIAGE: Date _____
Place _____

Name _____
BIRTH: Date _____
Place _____
BAPTISM: Date _____
Place _____
CONFIRMATION: Date _____
Place _____
MARRIAGE: Date _____
Place _____

Name _____
BIRTH: Date _____
Place _____
BAPTISM: Date _____
Place _____
CONFIRMATION: Date _____
Place _____
MARRIAGE: Date _____
Place _____