INFORMATION FOR PERMANENT CHURCH RECORDS Date: _____

CHRIST LUTHERAN CHURCH
32300 SCHOENHERR
WARREN, MI 48088
(586) 293-0700 FAX (586) 293-5046

Family

Name:_____

____ Landline:_____

Address: _____

_____

City/State/Zip

Former Church ----------

_____

Regular Church Service you attend at CLC: 9:00 11:00

Mr Mrs Miss

_____

_____

Birth Date: _____ City & State of _____

Baptism Date:

_____

Date Name of Church

City/State

Date

Confirmation:_____

_____

Date Name of Church

City/State

Marriage Date: _____Maiden Name:_____

Occupation: _____Work Phone Number:_____

Email Address: _____Cell Number: _____

Mr Mrs Miss

_____

_____

Birth Date: _____ City & State of _____

Baptism Date: _____

Date Name of Church City/State

Date

Confirmation:_____

_____

Date Name of Church City/State

Marriage Date: _____Maiden Name:_____

Occupation: _____Work Phone Number:_____

Email Address: _____Cell Number: _____

#1 Child:

_____

_____

Birth date: _____ City & State of Birth:_____

Baptism:

_____

___

Date Name of Church

City/State

Confirmation:_____

_____

Date Name of Church

City/State

E-mail Address:_____School grade:_____

#2Child:_____

_____

Birth date: _____ City & State of Birth:_____

Baptism:

_____

___

Date Name of Church

City/State

Confirmation:_____

_____

Date Name of Church

City/State

E-mail Address:_____School grade:_____

#3Child:

_____

Birth date: _____ City & State of Birth:_____

Baptism:

_____

___

Date Name of Church

City/State

Confirmation:_____

_____

Date Name of Church

City/State

E-mail Address:_____School grade:_____

ATTACH TO ADD MORE PEOPLE

Special Personal or family Interests (Christian Education, Special talents, Hobbies, Volunteering...)

_____
_____
_____

MEDIA RELEASE

Regarding photographs and videos of my family and I, taken at Christ Lutheran Church events, I give Christ Lutheran Church permission to do the following for nonprofit use and without charge: to display, use in a multimedia presentation, use quotes and video clips, for reprint and distribute for any CLC non-profit publication or on the Christ Lutheran Church web site.

Head of Household

Signature_____
_____

Spouse

Signature_____
___

(if under age 18) Parent or Guardian signature is required.

Initial and date, if you OPT OUT of this media release form

_____

Date_____