

Christ the Servant Lutheran Church

Encounter God | Love One Another | Reach the World

3676 Centerville Road, Vadnais Heights, MN 55127
651-429-6595 office@cslcvh.org www.cslcvh.org

Membership Information

Please complete one for each person and return to church office. Must be received in the church office at least one week before the Sunday received into membership. Information is needed for Parish Records. Thank you!

Name (First, Middle, Last) _____

Preferred name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____

Phone (Cell) _____

Email address: (Family) _____ (Personal) _____

Birth Date: _____ Place: _____

Baptism Date: _____ Church _____

Location _____

Confirmation Date: _____ Church _____

Location _____

Family Information:

Spouse: _____

Marriage Date: _____ Place: _____

Children: _____

Other information _____

Date to be received into membership at Christ the Servant _____

(Please complete a "Request for Transfer of Membership" to be sent to your previous church.)

Please contact me regarding participating in one of the ministries of Christ the Servant.

I am interested in _____.

___ Please call me about possibilities.

I will become an active participant in the mission and outreach of Christ the Servant Lutheran Church.

Signed: _____ Date: _____