

New Member Information

The following information is requested to complete our church records.
Please fill out both sides as completely as possible. Thank you!



Family Street Address		Family Home Phone	
City, State, Zip		Family Email	
Head of Household #1		Head of Household #2	
Full Name		Full Name	
c Male c Female	c Single c Married c Widowed	c Male c Female	
	Date and Place of Marriage		
Cell Phone		Cell Phone	
Personal Email		Personal Email	
Work Phone		Work Phone	
Work Email		Work Email	
Place of Employment		Place of Employment	
Occupation		Occupation	
Date of Birth	City, State of Birth	Date of Birth	City, State of Birth
Date of Baptism	Church/Place of Baptism	Date of Baptism	Church/Place of Baptism
Date of Confirmation	Church/Place of Confirmation	Date of Confirmation	Church/Place of Confirmation
Joining SPD by c Affirmation of Faith		c Church Transfer ° Name of church, city and state:	
Because hospitality is important at St. Philip the Deacon, our adult members are encouraged to wear permanent name tags for worship. Please write your name as you would like it to appear on your name tag. Thank you!			
Name Tag Name		Name Tag Name	



Children Joining SPD With You

Full Name			c Male c Female
Birth Date		Birth Place (City, State)	
Baptism Date	Church/Place of Baptism		Already received First Communion? c Yes c No
Confirmed? c Yes c No	Date of Confirmation	Church/Place of Confirmation	
School Name and District		Current Grade	Projected Year of High School Graduation

Full Name			c Male c Female
Birth Date		Birth Place (City, State)	
Baptism Date	Church/Place of Baptism		Already received First Communion? c Yes c No
Confirmed? c Yes c No	Date of Confirmation	Church/Place of Confirmation	
School Name and District		Current Grade	Projected Year of High School Graduation

Full Name			c Male c Female
Birth Date		Birth Place (City, State)	
Baptism Date	Church/Place of Baptism		Already received First Communion? c Yes c No
Confirmed? c Yes c No	Date of Confirmation	Church/Place of Confirmation	
School Name and District		Current Grade	Projected Year of High School Graduation



PARTNERSHIP COVENANT

As a member of St. Philip the Deacon, and as a partner in the Gospel, I will:

Be faithful in weekly worship.

Commit to growing spiritually by regularly reading the Scriptures.

Faithfully pray for the members, staff and ministry of St. Philip the Deacon.

Use the gifts and talents that God has blessed me with to participate in the ministry at St. Philip and in the community at large.

Support the ministry of St. Philip the Deacon by giving regularly.

Act in love toward other members and ministers of St. Philip the Deacon.

Member Signature

Member Signature

As your faith community, St. Philip the Deacon will:

Provide you with regular opportunities for spiritually uplifting worship.

Provide pastoral care, including counseling, baptisms, weddings and funerals.

Encourage your spiritual growth through education and faith-building opportunities.

Provide opportunities for fellowship and partnership in ministry.

Carefully manage your financial gifts and the physical facilities at St. Philip the Deacon with an emphasis on carrying out God's mission in the world.

Timothy Westermeyer
Senior Pastor

Tom Abrahamson
Congregation Council President



REQUEST FOR LETTER OF TRANSFER

I (we) _____ hereby request that
(Member Name)

(Former Church Name)

(Synod, if applicable)

(Former Church Address)

(City, State, Zip Code)

send a letter of transfer to:

St. Philip the Deacon Lutheran Church

Attention: Nancy Bixby

17205 County Road 6

Plymouth, MN 55447

Thank you for the spiritual nurture, love and opportunities for Christian service we have had with you. Your assistance in sending a transfer is appreciated. The inclusion of any information pertaining to birth, baptism, confirmation, etc. would be very helpful. Please include the following members of my (our) household in this transfer:

In Christ,

(Member Signature)

(Date)