

Membership Transfer Request Form

This is to request a transfer of membership to Faith Lutheran Church. Please issue a letter of transfer to Faith Lutheran Church, P O Box 466, Little Falls, MN 56345

Please include information such as:

- Birth date and place
- Baptism date and congregation
- Confirmation date and congregation
- Marriage history

Name and address of church where current membership is held:

Print each family member's name requesting transfer:

Each confirmed family member needs to sign the form:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Mailing address: _____

Phone number(s): _____

E-mail address: _____

*** * Return completed form to Pastor Nate * ***

Faith Lutheran Church will mail the completed form to your former church.