

# CHRIST OUR SAVIOR LUTHERAN CHURCH

14175 Farmington Rd.  
Livonia, Michigan 48154

Missouri Synod

734-522-6830  
[www.christsaviorsavior.org](http://www.christsaviorsavior.org)

## APPLICATION FOR MEMBERSHIP

Full Legal Name:		Last	First	Middle
Address:		Street	City	Zip
Home Phone	<input type="checkbox"/> listed	<input type="checkbox"/> unlisted	Work Phone (If able to receive calls)	
E-mail Address	<input type="checkbox"/> listed	<input type="checkbox"/> unlisted	Cell Phone (If able to receive calls)	
Occupation		Place of Employment		
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		Shift Worked:
Educational Background:				
<input type="checkbox"/> HS <input type="checkbox"/> Some College <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> MBA <input type="checkbox"/> PhD <input type="checkbox"/> Other:				
Date of Birth:	month	day	year	City and State of Birth
	/	/		
Father's Name:		Last	First	
Mother's Name:		Last (Maiden)	First	
Date of Baptism	month	day	year	Performed By
	/	/		
Church where Baptized:		Name	City	State
Date of Confirmation	month	day	year	Performed By
	/	/		
Church where Confirmed:		Name	City	State
Name of last Church Membership/or attended (Please give denomination)				
Past Church work involvement (if any)				
Are you a member of any lodge or secret organization? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please name)				
Friends or Relatives you know at C.O.S. (State relationship)				
Hobbies or Interests				
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Married <input type="checkbox"/> Engaged				
Date of Marriage	month	day	year	Performed By (If by a minister, please give denomination)
	/	/		
Marriage Performed at:		Name	City	State
Full name of your husband/wife		Last (Maiden)	First	Middle

## INFORMATION REGARDING YOUR CHILDREN - WHO ARE MINORS

Full Legal Name:		Last	First	Middle
Date of Birth:	month	day	year	Date of Baptism
	/	/		month
				day
				year
Church Where Baptized	Name		City	State
Full Legal Name:		Last	First	Middle
Date of Birth:	month	day	year	Date of Baptism
	/	/		month
				day
				year
Church Where Baptized	Name		City	State
Full Legal Name:		Last	First	Middle
Date of Birth:	month	day	year	Date of Baptism
	/	/		month
				day
				year
Church Where Baptized	Name		City	State
Full Legal Name:		Last	First	Middle
Date of Birth:	month	day	year	Date of Baptism
	/	/		month
				day
				year
Church Where Baptized	Name		City	State
Full Legal Name:		Last	First	Middle
Date of Birth:	month	day	year	Date of Baptism
	/	/		month
				day
				year
Church Where Baptized	Name		City	State

## PROFILE OF DISCIPLESHIP

My desire, by God's Spirit, is to grow towards discipleship as a member of Christ Our Savior Lutheran Church. I will strive...

1. To possess a growing relationship with Jesus as Lord and Savior.
2. To Worship in the fellowship regularly and take Holy Communion often.
3. To participate in Sunday School or Bible Class on a regular basis.
4. To give to the Lord proportionately as the Lord has blessed me, guided by the Biblical principle of tithing.
5. To minister to others through the use of my Spiritual Gifts.
6. To become involved in Ministries at COS

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant