
Pilgrim Lutheran Church & School



1731 St. Agnes Dr. Green Bay WI 54304-3099
Fax (920) 965-2255 Church (920) 965-2233 School (920) 965-2244

website: www.pilgrimluth.org

This questionnaire will help us to know you better and respond well to your specific needs and interests. During the next few months it is our sincere desire to assist you in any way possible to become an active growing, member of our family and a mature follower of Jesus with a mission for Him and others.

Questionnaire for New Members - 1 for EACH Adult

Name: _____

Children that will be joining with you: _____

New Member through: **Inquirer's Class** _____ or **Transfer** _____ (check one)

If transfer –name and city of previous church _____

Home Address: _____ **City/State/Zip** _____

Home Phone: _____ **Cell phone:** _____

E-mail address: _____

Place of employment: _____

Address: _____

Phone number: _____

Job Description: _____

Hobbies: _____

Special Talents: _____

Service you would most likely attend (day/time/site): _____

How did you hear about/find Pilgrim? _____

(please see other side) ----->

Our Vision Statement

Our Foundation: *By following the example and direction of our Lord and Savior, Jesus Christ; through God's Word and Sacraments; and according to the traditions and confessions of the Lutheran Church – Missouri Synod...*

Our Vision: *Pilgrim Lutheran Congregation will be a growing and Spirit-filled family of disciples reaching out to the community and world by using innovative and exciting ministries to help all people mature in the Christian faith.*

Rev. Scott Malme
Pastor

Rev. Michael Hanson
Pastor

John E. Schultz
Principal

We need this from ALL our new members so as to introduce you to the congregation and to help you become an active part of our growing ministry at Pilgrim. **Thanks for your help!** You can ask parents, or obtain dates from your former church or pastor. If you do not know the exact date, put the month and year down.

Please return to the Ministry Office by _____

Please Note: (If you do not know the date of baptism or confirmation - please enter a Yes or No to tell us that you have been baptized and confirmed).

FULL NAME _____ MAIDEN NAME _____

DATE OF BIRTH _____

PLACE OF BIRTH (city/state) _____

FATHER'S NAME _____ religious background _____

MOTHER'S NAME _____ religious background _____

Mother's maiden name _____

DATE BAPTIZED _____ PASTOR _____

CHURCH NAME & CITY OR STATE _____

SPONSORS _____

DATE CONFIRMED _____ PASTOR _____

CHURCH NAME & CITY OR STATE _____

DATE OF MARRIAGE _____ PASTOR _____

CHURCH NAME & CITY OR STATE _____

SPOUSE'S FULL NAME _____

CHILDREN who are joining with you (*please fill in separate sheet enclosed*)

OFFICES OR POSITIONS YOU HAVE HELD IN ANY CHURCH _____

INTEREST IN CONGREGATIONAL SERVICE & FELLOWSHIP OPPORTUNITIES:
(Bible studies & Small Group; Ushering; Singing; and Visiting the sick, etc. ...)

