

Our Savior's Lutheran Church
 2124 Viola Rd NE, Rochester, MN 55906
 507-289-3021
 office Email, office@rochesterosl.org
 Pastor Ben Loven bloven@rochesterosl.org

Membership Date: _____ __Single __Married

1. Name _____
 First Middle Last Home Phone Cell Phone Work Phone
 Please indicate which you prefer

Address _____
 Street City State, Zip

E-mail Address _____

Birth Date _____ Baptism Date _____ Confirmation Date _____

Occupation _____ Employer _____

2. Name _____
 First Middle Last Home Phone Cell Phone Work Phone
 Please indicate which you prefer

E-mail Address _____

Birth Date _____ Baptism Date _____ Confirmation Date _____

Occupation _____ Employer _____

Marriage Date _____

Date Wish to Join _____ Service Time Preferred, Please circle one 8:30am 10:00am

Children joining the church at this time	Birth Date	Baptism Date	Confirmation Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Most Recent Church Membership--Church _____

Address _____
 Street City State, Zip

Emergency Contact

Name _____ Phone Number _____

**Please provide the church with a recent picture of your family.