

Our Savior’s Lutheran Church  
2124 Viola Rd NE, Rochester, MN 55906  
507-289-3021

office Email, [office@rochesterosl.org](mailto:office@rochesterosl.org)  
Pastor Ben Loven [bloven@rochesterosl.org](mailto:bloven@rochesterosl.org)  
Pastor Nikki Rockne [pnikki@rochesterosl.org](mailto:pnikki@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 10:30am

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.