



Grace Lutheran Church
 W196 N9525 Cross View Way
 Menomonee Falls, WI 53051
 www.grace-connect.org
 262-251-0670

Request for Transfer FROM Grace Ev. Lutheran Church

To: The Rev. _____
 c/o Grace Lutheran Church

Dear Pastor _____, and/or Elders, Board of Directors, Voters . . . ,

Because I wish to remain faithful in the worship of my Lord and Savior, Jesus Christ; and active in serving Him in one of His congregations, please consider this a request for transfer (release) of membership for:

(full names)

Myself: _____

My Spouse: _____

Children:

_____	Age _____	Baptized: Yes / No	Confirmed: Yes / No
_____	Age _____	Baptized: Yes / No	Confirmed: Yes / No
_____	Age _____	Baptized: Yes / No	Confirmed: Yes / No
_____	Age _____	Baptized: Yes / No	Confirmed: Yes / No
_____	Age _____	Baptized: Yes / No	Confirmed: Yes / No
_____	Age _____	Baptized: Yes / No	Confirmed: Yes / No

Others in my household requesting this transfer (release)

Other Comments: _____

Our Current Address _____
 City _____
 State _____ Zip _____
 Phone (____) _____

Our New Address _____
 City _____
 State _____ Zip _____
 Phone (____) _____

Please send the requested transfer (release) to:

Pastor _____

Church _____

Address _____

City _____ State _____ Zip _____