

# CROSS OF HOPE LUTHERAN CHURCH and Schools Information Sheet

(one for each adult member of the family)

Please turn in to the Church Office Administrator as soon as possible.

## 1. General Information

Name (Mr., Mrs., Ms.) \_\_\_\_\_ \*Ethnic Origin \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Where?: Taylor Ranch \_Paradise Hills \_Rio Rancho \_Ladera \_Laurel Wood \_  
Ventana Ranch \_ Other: \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ Place of Confirmation \_\_\_\_\_

If applies: Wedding Anniversary \_\_\_\_\_ Maiden Name \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Education: Elementary \_\_ High School \_\_ College Degree(s): \_\_\_\_\_ Other \_\_\_\_\_

## 2. Children

Name	Birth Date, Place	Baptismal Date, Place	*Ethnic Origin
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*W White) – AA (African American/Black) – AP (Asian Pacific Islander) – WA (Native American) H (Hispanic/Spanish – O (Other)

### 3. Cross of Hope Monthly Journal (*Rays of Hope*)

Are you receiving a copy of our monthly Journal, *Rays of Hope*? \_\_\_\_\_ If so, hard copy \_\_\_\_\_ by e-mail \_\_\_\_\_

**4. How long have you been in Albuquerque? \_\_\_ Where did you move from?** (This will help us with our newsletter write-up about you and your family). \_\_\_\_\_

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### 5. Name Tags

Have you received a permanent name tag to wear at the Sunday services? If not, please check your preference:

\_\_\_\_\_ Clip-on                      \_\_\_\_\_ Cord (name to be worn on a cord as a necklace)

Your name as it is to be printed on your name tag: \_\_\_\_\_

Your child's/children's names and type of tag:

	Tag:
_____	_____
_____	_____
_____	_____
_____	_____

### 6. How did you learn of Cross of Hope?

\_\_\_ C of H member \_\_\_ Phone Book \_\_\_ Passing by \_\_\_ Other \_\_\_\_\_

We would appreciate knowing your reason(s) for joining Cross of Hope Lutheran Church:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_