

Request for Transfer of Church Membership

*This form is to be used when transferring membership to Christ Our Savior from
another Missouri Synod Lutheran Church.*

INSTRUCTIONS: Fill out and deliver this form to the pastor of the church where you
are a member at this time.

Date: _____

Name: _____ Phone: _____

Address: _____

Dear Pastor,

Please transfer my/our church membership from _____
Lutheran Church to:

Christ Our Savior Lutheran Church
Attn: Linda Hollman, Outreach Director
14175 Farmington Road
Livonia, MI 48154
(734) 522-6830

Please include the following members of my/our household in the transfer:

<i>Name</i>	<i>Confirmed?</i>
_____	Y N
_____	Y N
_____	Y N
_____	Y N
_____	Y N

Thank you very much!

Sincerely,

Signature

Date