

Membership Application

Agricola Finnish Lutheran Congregation

25 Old York Mills Road, Toronto, ON M2P 1B5 Tel: 416-489-7600

Name: Male _____
Last name First Name(s)

Address: _____

Occupation: _____ Telephone: (____) _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Place of Baptism: _____

Date of Confirmation _____ Place of Confirmation _____

Date of Marriage: _____ Place of Marriage _____

Arrived in Canada _____ Where from: _____

Arrived in Toronto _____ Where from: _____

Former Congregation: _____

Father's Name: _____

Mother's Name: _____

Date: _____ Signature: _____

Name: Female _____
Last name First Name(s)

Address: _____

Occupation: _____ Telephone: (____) _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Place of Baptism: _____

Date of Confirmation _____ Place of Confirmation _____

Date of Marriage: _____ Place of Marriage _____

Arrived in Canada _____ Where from: _____

Arrived in Toronto _____ Where from: _____

Former Congregation: _____

Father's Name: _____

Mother's Name: _____

Date: _____ Signature: _____

Children:

	Name:	Name:	Name:	Name:
Date Born:				
Where:				
Baptism:				
Where:				
Confirmed:				
Where:				
Married:				
Where:				

Other information: