

# St. John Evangelical Lutheran Church, ELCA | Membership Record Information Sheet

Please complete the following information sheet and return to St. John's Church Office via mail, fax or email listed at the bottom. We like our records to be accurate. If you are not sure of dates, feel free to approximate or leave it blank.

## Household Information

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
*Please put maiden name in (parenthesis) if applicable* *Please put maiden name in (parenthesis) if applicable*

Baptism Date: \_\_\_\_\_ Baptism Date: \_\_\_\_\_

Baptism Location: \_\_\_\_\_ Baptism Location: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

Confirmation Location: \_\_\_\_\_ Confirmation Location: \_\_\_\_\_

Marital Status (*circle one*) :      Single      Married      Widow

Wedding Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
*Please put a \* on which phone you would like listed as the main phone*

Email \_\_\_\_\_

Last Church Membership \_\_\_\_\_

## Children

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Baptism Place: \_\_\_\_\_ Communing: Y or N \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Baptism Place: \_\_\_\_\_ Communing: Y or N \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Baptism Place: \_\_\_\_\_ Communing: Y or N \_\_\_\_\_

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