



St. John Evangelical Lutheran Church
 146 6th Ave. West
 Dickinson ND 58601
 (701) 225-6747
 www.stjohnelc.org

Date: _____

Welcome to St John Lutheran Church!

We would like to get to know you. To help us begin this process, please fill out the following information as completely as possible. We are glad you have chosen St. John Lutheran Church as your faith partner. Contact us if you have any questions.

Household Information

Head of Household: _____ Spouse: _____

Mailing Address (address, city, state, zip) _____

Home Phone: _____ Email Address: _____

Personal Information

Head of Household: _____ Spouse: _____

Cell Phone: _____ Cell Phone: _____
 May we text your cell? Yes ___ No ___ May we text your cell? Yes ___ No ___

Personal email: _____ Personal email: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____
 May we call you at work? Yes ___ No ___ May we call you at work? Yes ___ No ___

Work Email: _____ Work Email: _____

Gender: M F Member of St John? Y S Gender: M F Member of St John? Y S

Former Church Name / City / State: _____ Former Church Name / City / State: _____

Are you joining by (check one)
 ___ Affirmation of Faith (from Non-Lutheran Church)
 ___ Letter of Transfer

Birth Date, City & State _____ Birth Date, City & State _____

Baptism Date: _____ Confirmation Date: _____ Baptism Date: _____ Confirmation Date: _____

Marriage Date: _____ Marriage Date: _____

Maiden Name: _____ Maiden Name: _____

Children Living in Household

1. **Child's Name** _____

Gender: M F Grade _____

Age: _____ Date of Birth _____

Place of Birth _____

Baptism Date _____ Confirmation Date _____

School Attending _____

Cell Phone Number _____

Individual Email _____

3. **Child's Name** _____

Gender: M F Grade _____

Age: _____ Date of Birth _____

Place of Birth: _____

Baptism Date _____ Confirmation Date _____

School Attending _____

Cell Phone Number _____

Individual Email _____

2. **Child's Name** _____

Gender: M F Grade _____

Age: _____ Date of Birth _____

Place of Birth _____

Baptism Date _____ Confirmation Date _____

School Attending _____

Cell Phone Number _____

Individual Email _____

4. **Child's Name** _____

Gender: M F Grade _____

Age: _____ Date of Birth _____

Place of Birth: _____

Baptism Date _____ Confirmation Date _____

School Attending _____

Cell Phone Number _____

Individual Email _____

Other Information

Acquaintances at St. John Lutheran Church

Family at St. John Lutheran Church

Hobbies, talents, special interests, etc _____

Hand Deliver to the Church Office
or Place in Offering Plate

Fax: 225-3069

Mail: St John Lutheran Church
146 6th Ave. W
Dickinson, ND 58601