St John's Lutheran Church

Please complete the family information section below and the individual section for each person in your family.

Family Information

Family name:				i.e	. John & Jane Smith
Mailing address:	Address:				_ Publish in directories: Yes No
	City:		State:2	Zip:	<u></u>
Alternate address	: Address:				If you spend part of the year at anothe
	City:		State: 2	Zip:	location, please let us know the address, phone number, and the dates
	Use this address	s between//	and//	_	to use this address.
Family e-mail:	Publish e-mail address in directories: Yes No Send mass e-mails to this address: Yes No Receive church newsletter via email to this address: Yes No				If your family shares an e-mail address please enter it here. Individual e-maaddresses will be entered below.
Phone number:	Home phone:		Unlisted: \	res No	
Individual Informa	ation				Family Member 1
Individual Name: Full name:	T::				
	Title First na		Last	name	Suffix
Preferred nai	me:				Gender: Male Female
Individual e-mail:	Publish e-ma Send mass e	nil address in directories -mails to this address: ch newsletter via email	Yes No	Yes No	
Phone numbers:	Pager: Primary:	ə:	Unlisted: Unlisted:	Yes Yes Yes Yes	No No No No
Birthplace:		;	Spouse:		
Maiden Name:		Father:		Mother:	
Dates: Birthday:		Married date:		Baptism date:	
Confirmation	on date:	Wi	dowed date:		
Marital status: ☐ Single	☐ Married ☐	he following values Remarried Divorce Additional family membe	•		'idowed

Thank you for updating your information with us. Please return this updated form to the offering plate.

St John's Lutheran Church

Family Member 2

Individual Information

Individual Name: Full name: Title First name Middle name Last name Suffix Gender: Male Female Preferred name: Individual e-mail: ___ Publish e-mail address in directories: Yes No Send mass e-mails to this address: Yes No Receive church newsletter via email to this address: Yes No Phone numbers: Mobile: Unlisted: Yes No Pager: _____ Unlisted: Yes No Primary: _____ Unlisted:
Work Phone: _____ Unlisted: Yes No Yes No Birthplace: _____ Spouse: _____ Maiden Name: ______ Father: _____ Mother: _____ Dates: Birthday: _____ Married date: _____ Baptism date: Confirmation date: Widowed date: Marital status: Select one of the following values ☐ Single ☐ Married ☐ Remarried ☐ Divorced ☐ Separated ☐ Widowed **Individual Information** Family Member 3 **Individual Name:** Full name: Title First name Middle name Suffix Last name Preferred name: _____ Gender: Male Female Individual e-mail: ___ Publish e-mail address in directories: Yes No Send mass e-mails to this address: Yes No Receive church newsletter via email to this address: Yes No Mobile: _____ Phone numbers: No Unlisted: Yes Pager: _____ Unlisted: Yes No Unlisted: Yes Primary: _____ No Work Phone: _____ Unlisted: Yes No Birthplace: _____ Spouse: ____ Maiden Name: _____ Father: ____ Mother: ____ Dates: Birthday: _____ Married date: _____ Baptism date: Confirmation date: Widowed date: Marital status: Select one of the following values ☐ Single ☐ Married ☐ Remarried ☐ Divorced ☐ Separated ☐ Widowed