



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

*Pastor Lisa Lewton*

**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:** \_\_\_\_\_

**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 N**

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**Former Church Name** \_\_\_\_\_

**Former Church Name** \_\_\_\_\_

**Former Church City & State** \_\_\_\_\_

**Former Church City & State** \_\_\_\_\_

**Are you joining by (check one)**  
 \_\_\_\_\_ **Affirmation of Faith (coming from a Non-Lutheran Church)**  
 \_\_\_\_\_ **Letter of Transfer**

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 \_\_\_\_\_ **Affirmation of Faith (coming from a Non-Lutheran Church)**  
 \_\_\_\_\_ **Letter of Transfer**

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

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**Baptism Date:** \_\_\_\_\_ **Confirmation Date:** \_\_\_\_\_

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**Marriage Date:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

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# Children Living in Household

1. Child Name: \_\_\_\_\_

Gender: M      F      Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

School Attending: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Individual Email Address: \_\_\_\_\_

3. Child Name: \_\_\_\_\_

Gender: M      F      Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

School Attending: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Individual Email Address: \_\_\_\_\_

2. Child Name: \_\_\_\_\_

Gender: M      F      Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

School Attending: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Individual Email Address: \_\_\_\_\_

4. Child Name: \_\_\_\_\_

Gender: M      F      Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

School Attending: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Individual Email Address: \_\_\_\_\_

## Other Information

People you know at St. John Lutheran Church...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relatives you have at St. John Lutheran Church...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us about yourself (hobbies, talents, special interests, etc.) \_\_\_\_\_

\_\_\_\_\_

*Please Return This Form to the Church Office.*

Hand Deliver to the Church Office  
or Place in an Offering Plate

Fax: 225-3069

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