

Pastor's Name:

St. John's Lutheran Church

101 W. Martin St. Mart 304stjoh

The 1	Rev.	Matthew	A.	Day
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Pastor

Martinsburg, WV 304-263-9291 stjohnsmartinsburg		Plea	se ✓ which Worship Ser 8:30 am 11am	h Worship Service you usually attend: hm 11am	
GETTING ACQUA	AINTED FORM (If	married, list nam	es separately)		
FULL NAME					
BIRTHDATE					
BAPTISM DATE					
CONFIRM DATE					
WEDDING DATE					
STREET ADDRESS					
CITY,					
STATE,					
ZIP					
HOME PHONE					
EMPLOYED BY					
CELL PHONE					
E-MAIL					
Please List All Childre	n I	Birth Date	Baptismal Date	Confirmation Date	
M F					
M F					
M F					
M F					
•	-	•			
Transferring From Another Congregation? (Please list former church's name and complete address below): Church Name:			Any Other Information? Please list any other pertiner information you would like the church to know (i.e., children living in other households, special family needs or concerns):		
Street Address:					
City/State/Zip:					
Phone Number (if available):			How did you hear about our congregation? □ Newspaper. □ Magazine. □ Radio. □ T V.		

☐ Signage, ☐ Newsletter, ☐ Website, ☐ Internet

□ Friend □ Other_____