



St. John's Lutheran Church
 101 W. Martin St.
 Martinsburg, WV 25401
 304-263-9291
 stjohsmartinsburg.org

The Rev. Matthew A. Day
 Pastor

GETTING ACQUAINTED FORM *(If married, list names separately)*

FULL NAME		
BIRTHDATE		
BAPTISM DATE		
CONFIRM DATE		
WEDDING DATE		
STREET ADDRESS		
CITY,		
STATE,		
ZIP		
HOME PHONE		
EMPLOYED BY		
CELL PHONE		
E-MAIL		

<i>Please List All Children</i>		Birth Date	Baptismal Date	Confirmation Date
M	F			
M	F			
M	F			
M	F			

Are there family members in need of baptism? If yes, list all names: _____

Is there a Confirmation-age youth (6-9 grade) in need of Confirmation? _____

<p>Transferring From Another Congregation? <i>(Please list former church's name and complete address below):</i> Church Name: _____ Street Address: _____ City/State/Zip: _____ Phone Number (if available): _____ Pastor's Name: _____</p>

Any Other Information? Please list any other pertinent information you would like the church to know (i.e., children living in other households, special family needs or concerns):

How did you hear about our congregation?
 Newspaper, Magazine, Radio, T V,
 Signage, Newsletter, Website, Internet
 Friend Other _____