

PERSON RECORD
St. John Lutheran Church - 1100 North Main Street, Celina, OH

DATE: _____

Name/First _____ Middle _____ Last _____

Address /Street _____ Apt # _____

City: _____ State _____ Zip Code: _____

Home Telephone: Area Code: _____ Phone Number: _____ UNlisted: Y N

(Optional) Home E-Mail Address: _____

• **Personal Information:**

Name/First _____ Middle _____ Last _____

Birth Date: ____ / ____ / ____ Birth Place /City /State _____

Father' Name _____

Mother's Name _____ (Mother's Maiden Name) _____

Baptized Date: ____ / ____ / ____ Place /City /State _____

Confirmed Date: ____ / ____ / ____ Place /City /State _____

1st Communion Date: ____ / ____ / ____ Place /City /State _____

Married: Yes No Date: ____ / ____ / ____ Widowed: Yes No Date: ____ / ____ / ____

Spouse's Name: First _____ Middle _____ Maiden _____

(Optional) Cell Phone: Area Code: _____ Cell Phone: _____

(Optional) Personal E-Mail Address: _____

(If your spouse is joining with you – please fill their information in below):

• **Spouse's Personal Information:**

Name/First _____ Middle _____ Last _____

Birth Date: ____ / ____ / ____ Birth Place /City /State _____

Father' Name _____

Mother's Name _____ (Mother's Maiden Name) _____

Baptized Date: ____ / ____ / ____ Place /City /State _____

Confirmed Date: ____ / ____ / ____ Place /City /State _____

1st Communion Date: ____ / ____ / ____ Place /City /State _____

(Optional) Cell Phone: Area Code: _____ Cell Phone: _____

(Optional) Personal E-Mail Address: _____

(If your children are joining with you – please fill their information in on the back):

Children: Y N How Many? _____

• **Children's Personal Information:**

Name/First _____ Middle _____ Last _____
Birth Date: ____ / ____ / ____ Birth Place /City /State _____
Father's Name _____
Mother's Name _____ (Mother's Maiden Name) _____
Baptized Date: ____ / ____ / ____ Place /City /State _____
Confirmed Date: ____ / ____ / ____ Place /City /State _____
1st Communion Date: ____ / ____ / ____ Place /City /State _____
Current School: _____ Current Grade: _____
(Optional) Cell Phone: Area Code: _____ Cell Phone: _____
(Optional) Personal E-Mail Address: _____

• **Children's Personal Information:**

Name/First _____ Middle _____ Last _____
Birth Date: ____ / ____ / ____ Birth Place /City /State _____
Father's Name _____
Mother's Name _____ (Mother's Maiden Name) _____
Baptized Date: ____ / ____ / ____ Place /City /State _____
Confirmed Date: ____ / ____ / ____ Place /City /State _____
1st Communion Date: ____ / ____ / ____ Place /City /State _____
Current School: _____ Current Grade: _____
(Optional) Cell Phone: Area Code: _____ Cell Phone: _____
(Optional) Personal E-Mail Address: _____

• **Children's Personal Information:**

Name/First _____ Middle _____ Last _____
Birth Date: ____ / ____ / ____ Birth Place /City /State _____
Father's Name _____
Mother's Name _____ (Mother's Maiden Name) _____
Baptized Date: ____ / ____ / ____ Place /City /State _____
Confirmed Date: ____ / ____ / ____ Place /City /State _____
1st Communion Date: ____ / ____ / ____ Place /City /State _____
Current School: _____ Current Grade: _____
(Optional) Cell Phone: Area Code: _____ Cell Phone: _____
(Optional) Personal E-Mail Address: _____

• **Children's Personal Information:**

Name/First _____ Middle _____ Last _____
Birth Date: ____ / ____ / ____ Birth Place /City /State _____
Father's Name _____
Mother's Name _____ (Mother's Maiden Name) _____
Baptized Date: ____ / ____ / ____ Place /City /State _____
Confirmed Date: ____ / ____ / ____ Place /City /State _____
1st Communion Date: ____ / ____ / ____ Place /City /State _____
Current School: _____ Current Grade: _____
(Optional) Cell Phone: Area Code: _____ Cell Phone: _____
(Optional) Personal E-Mail Address: _____