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

Name/First	Middle	Last	
Address /Street			Apt #
City:	St	ateZip Code:	
Home Telephone: Area Code:	Phone Number:		_ UNlisted: Y N
(Optional) Home E-Mail Address: _			
 Personal Information: 			
Name/First	Middle	Last	
Birth Date:/ Birth Pla			
Father' Name			
Mother's Name			
Baptized Date://			
Confirmed Date://	Place /City /State		
1 st Communion Date://	Place /City /State		
Married: Yes No Date:/_	/ Widowed: `	Yes No Date:/_	/
Spouse's Name: First		Maiden	
_			
(Optional) Personal E-Mail Address:			
(Optional) Cell Phone: Area Code: (Optional) Personal E-Mail Address: (If your spouse is joining with your spouse's Personal Information:			
(Optional) Personal E-Mail Address: (If your spouse is joining with your spouse's Personal Information:	ou — please fill their informat	tion in below):	
(Optional) Personal E-Mail Address: (If your spouse is joining with your spouse's Personal Information: Name/First	ou – please fill their informat Middle	tion in below):	
(Optional) Personal E-Mail Address: (If your spouse is joining with your spouse's Personal Information: Name/First	ou – please fill their informat Middle ace /City /State	tion in below):	
(Optional) Personal E-Mail Address: (If your spouse is joining with your spouse's Personal Information: Name/First	ou – please fill their informat Middle nce /City /State	tion in below): Last	
(Optional) Personal E-Mail Address: (If your spouse is joining with your spouse's Personal Information: Name/First	ou – please fill their informat Middle ace /City /State	Last Last (Mother's Maiden Name)	
(Optional) Personal E-Mail Address: (If your spouse is joining with your spouse's Personal Information: Name/First Birth Plather' Name Mother's Name	ou – please fill their information of the place /City /State Place /City /State	tion in below): Last	
(Optional) Personal E-Mail Address: (If your spouse is joining with your spouse's Personal Information: Name/First	Place /City /State Place /City /State Place /City /State	Last(Mother's Maiden Name)	
(Optional) Personal E-Mail Address: (If your spouse is joining with your spouse's Personal Information: Name/First	Middle ace /City /State Place /City /State Place /City /State Place /City /State Place /City /State	Last (Mother's Maiden Name)	

Children: Y N How Many? _____

• Children's Personal Information:		
Name/First		
Birth Date:/ Birth Place /C	ity /State	
Father' Name		<u> </u>
Mother's Name		(Mother's Maiden Name)
Baptized Date://	Place /City /State	
Confirmed Date://	Place /City /State	
1 st Communion Date://	Place /City /State	
Current School:	Curr	rent 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 /C		
Father' Name		
Mother's Name		
Baptized Date://		(
Confirmed Date://	•	
1 st Communion Date://	•	
Current School:		
(Optional) Cell Phone: Area Code:		
(Optional) Personal E-Mail Address:		
• Children's Personal Information: Name/First		
Birth Date:/ Birth Place /C	-	
Father' Name		
Mother's Name		(Mother's Maiden Name)_
Baptized Date://	•	
Confirmed Date://	•	
1 st Communion Date://		
Current School:		
(Optional) Cell Phone: Area Code:		
(Optional) Personal E-Mail Address:		
• Children's Personal Information:		
Name/First		
Birth Date:/ Birth Place /C	•	
Father' Name		
Mother's Name		
Baptized Date://	Place /City /State	
Confirmed Date://	Place /City /State	
1 st Communion Date://	_ Place /City /State	
Current School:		
(Optional) Cell Phone: Area Code:	Cell Phone:	
(Optional) Personal E-Mail Address:		