



St John Lutheran Church New Member Information

Name: _____

Name you would like to go by: _____ Name on tag: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Place of Birth: _____ Birthdate: _____

Marriage Date: _____

Baptized? Yes No If yes, Church, Date and Place: _____

Current Congregation Membership: _____ City: _____

Vocation / Employment: _____

Hobbies / Interests/Activities: _____

Spouse's Name: _____

Name you would like to go by: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Place of Birth: _____ Birthdate: _____

Marriage Date: _____

Baptized? Yes No If yes, Church, Date and Place: _____

Current Congregation Membership: _____ City: _____

Vocation / Employment: _____

Hobbies / Interests / Activities: _____

How long have you lived in the Boerne area?: _____

If new resident, from where did you move?: _____

Children (Living At Home)	Age	Date of Birth	Grade	Baptized Date	Confirmed Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Shall we write for a Letter of Transfer? Yes No If Lutheran: ELCA LCMS WISC

Service Time You Attend: 8:00am 9:30am 10:45am