

INFORMATION FOR ZION EVANGELICAL LUTHERAN CHURCH RECORDS

Family Name _____ Phone # _____
Last

Baptismal Name _____
First Middle (Maiden)

Present Address _____
Street City State Zip

Email Address _____

Birthdate _____ City/State of Birth _____

Baptized at _____
Name of Church Street

_____ City _____ State _____ Zip _____

Date of Baptism _____ Date of Confirmation _____

Father's Name _____ Mother's Name _____
First Last First (Maiden)

Denomination and name of church of confirmation _____

_____ City _____ State _____ Zip _____

Marital Status _____ Wedding Date, if married _____

Spouse's Name _____

Children

Name (First, Middle, Last)	Date of Birth	City of Birth	Baptismal Date	Church of Baptism	Living at Home? Y/N

Employer _____ Occupation _____

Home Phone _____ Cell Phone _____

Would you like to receive your information from Zion by mail or by email? _____

Would you like to speak to someone regarding membership? _____

Thank you! Please return this form to: Zion Lutheran Church, 503 Columbus Avenue, Sandusky, OH 44870