

Mount Olive Lutheran Church

Personal Information for Church Records

Please fill out one form for each member of your household and return to the church secretary. Thank you.

Name: _____
(First) (Middle) (Last)

Nickname/Preferred Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Your number may be listed in church directory: Yes / No

Birthdate: _____ Place of Birth: _____
(Month) (Day) (Year)

Baptized?: Yes / No Baptism Date: _____
(Month) (Day) (Year)

Confirmed?: Yes / No Confirmation Date: _____
(Month) (Day) (Year)

Marital status: married____ single____ divorced____ seperated____ widow(er)____

Wedding Date: _____ Spouse's Name: _____
(Month) (Day) (Year)

Maiden Name: _____ Ethnic Origin: _____

Father's Name: _____
(First) (Last)

Mother's Name: _____
(First) (Last)

Children Born: _____ Children Living: _____

Household Email Address: _____

Occupation Title: _____

Employer: _____ Work Phone: _____

Education Level: _____ Military Status: _____

Current School: _____ Current Grade: _____

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