

Our Saviour Lutheran Church, Warrenton, VA

Contact Information Form

Today's Date: _____ **Date of first visit (est. if needed):** _____

Household Contact Information:

Household Name _____ Home Telephone _____

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

Current Household E-mail Address _____

How did you hear about Our Saviour? _____

Do you want to keep up with events/activities at Our Saviour Lutheran Church? Please add me to your mailing list: Y N

Please complete a section for each member of your household. (This is a comprehensive form, please fill out only those sections you are comfortable with OSLC having that information.)

Adult 1

Full Name _____ M F Nickname _____

Birth Date _____ Birth Place _____
M / D / Y (Hospital) (City) (State)

If transferring, from what church _____
(Church) (City) (State)

Baptized: Y N Date _____ Place _____
M / D / Y (Church) (City) (State)

Confirmed: Y N Date _____ Place _____
M / D / Y (Church) (City) (State)

Wedding date (if applicable) _____ Maiden Name _____

Occupation _____ Employer _____

Personal Cell Phone _____ Personal E-mail _____

Work Phone _____ Work E-mail _____

Hobbies/interest/skills _____

Would this household member want to become a member of OSLC at this time? Y N

Anything we should know? _____

Adult 2

Full Name _____ M F Nickname _____

Birth Date _____ Birth Place _____
M / D / Y (Hospital) (City) (State)

If transferring, from what church _____
(Church) (City) (State)

Baptized: Y N Date _____ Place _____
M / D / Y (Church) (City) (State)

Confirmed: Y N Date _____ Place _____
M / D / Y (Church) (City) (State)

Wedding date (if applicable) _____ Maiden Name _____

Occupation _____ Employer _____

Personal Cell Phone _____ Personal E-mail _____

Work Phone _____ Work E-mail _____

Hobbies/interest/skills _____

Would this household member want to become a member of OSLC at this time? Y N

Anything we should know? _____

Child 1

Full Name _____ M F Nickname _____
 Birth Date _____ Birth Place _____
M / D / Y (Hospital) (City) (State)
 If transferring, from what church _____
(Church) (City) (State)
 Baptized: Y N Date _____ Place _____
M / D / Y (Church) (City) (State)
 Confirmed: Y N Date _____ Place _____
M / D / Y (Church) (City) (State)
 School _____ Grade _____ Personal E-mail _____
 Hobbies/interests/skills _____
 Would this household member want to become a member of OSLC at this time? Y N

Child 2

Full Name _____ M F Nickname _____
 Birth Date _____ Birth Place _____
M / D / Y (Hospital) (City) (State)
 If transferring, from what church _____
(Church) (City) (State)
 Baptized: Y N Date _____ Place _____
M / D / Y (Church) (City) (State)
 Confirmed: Y N Date _____ Place _____
M / D / Y (Church) (City) (State)
 School _____ Grade _____ Personal E-mail _____
 Hobbies/interests/skills _____
 Would this household member want to become a member of OSLC at this time? Y N

Child 3

Full Name _____ M F Nickname _____
 Birth Date _____ Birth Place _____
M / D / Y (Hospital) (City) (State)
 If transferring, from what church _____
(Church) (City) (State)
 Baptized: Y N Date _____ Place _____
M / D / Y (Church) (City) (State)
 Confirmed: Y N Date _____ Place _____
M / D / Y (Church) (City) (State)
 School _____ Grade _____ Personal E-mail _____
 Hobbies/interests/skills _____
 Would this household member want to become a member of OSLC at this time? Y N

Note: If there are additional household members, please add that information as well. Please return the paper forms to the church office or email office@oslc-warrenton.org, Attn: Tom Vollrath.

For office only: Date presented to council: _____
 Date presented to congregation: _____ and how: _____
 Fellowship Friends/Sponsors: _____
 Other info: _____