



Zion Lutheran Church
 107 W. Martin St.
 Middletown, MD 21769
 301-371-6500
 www.ZionMiddletown.org

The Rev. Diane L. Day
 Co-Pastor

The Rev. Matthew A. Day
 Co-Pastor

GETTING ACQUAINTED FORM *(If married, list names separately)*

FULL NAME		
BIRTHDATE		
BAPTISM DATE		
CONFIRM DATE		
WEDDING DATE		
STREET ADDRESS		
CITY,		
STATE,		
ZIP		
HOME PHONE		
EMPLOYED BY		
CELL PHONE		
E-MAIL		

Please List All Children

Birth Date

Baptismal Date

Confirmation Date

M	F			
M	F			
M	F			
M	F			
M	F			

Are there family members in need of baptism? If yes, list all names: _____

Is there a Confirmation-age youth (6-9 grade) in need of Confirmation? _____

Transferring From Another Congregation?
(Please list former church s name and complete address below):
 Church Name: _____
 Street Address: _____
 City/State/Zip: _____
 Phone Number (if available): _____
 Pastor's Name: _____

Any Other Information? Please list any other pertinent information you would like the church to know (i.e., children living in other households, special family needs or concerns):

How did you hear about our congregation?
 Newspaper, Magazine, Facebook
 Signage, Newsletter, Website,
 Friend Other _____