

Trinity Lutheran Church Member's Information

Last Name: _____ First Name: _____

DOB: ____/____/____ Date of Baptism: ____/____/____ Date Confirmed: ____/____/____

Membership Date: ____/____/____

Phone Number: _____ Cell Phone: _____

Email Address: _____

Place of employment: _____ Work phone: _____

Work email address: _____

Last Name of Spouse: _____ First Name of Spouse: _____

Spouse's DOB: ____/____/____ Date of Baptism: ____/____/____ Confirmed: ____/____/____

Membership Date: ____/____/____

Phone Number: _____ Cell Phone: _____

Email Address: _____

Place of employment: _____ Work phone: _____

Work email address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Wedding Anniversary Date: ____/____/____

Those dependents that are living with you:

1. First Name: _____ Last Name: _____

DOB: ____/____/____ Membership Date: ____/____/____ Male Female

Date of Baptism: ____/____/____ Date Confirmed: ____/____/____

2. First Name: _____ Last Name: _____

DOB: ____/____/____ Membership Date: ____/____/____ Male Female

Date of Baptism: ____/____/____ Date Confirmed: ____/____/____

3. First Name: _____ Last Name: _____

DOB: ____/____/____ Membership Date: ____/____/____ Male Female

Date of Baptism: ____/____/____ Date Confirmed: ____/____/____