

# 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: \_\_\_/\_\_\_/\_\_\_ **Dependents**

*continued... Last Name:* \_\_\_\_\_

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: \_\_\_/\_\_\_/\_\_\_