

TRINITY LUTHERAN CHURCH - DATABASE INFORMATION

Family Information

Family Last Name: _____ Primary Phone Number: _____
 Male First Name: _____ Email: _____
 Female First Name: _____ Email: _____
 Address: _____ City/ST/Zip: _____

Primary Service: 7:30am 9:00am 10:15am 11:30am 6:00pm

Individual Information

Adult Male:

Cell Phone: _____ Work Phone: _____ ext. _____
 Occupation: _____ May we phone you at work? Yes No
 Birthdate: _____ Baptism Date: _____ Confirmation Date: _____

Adult Female:

Cell Phone: _____ Work Phone: _____ ext. _____
 Occupation: _____ May we phone you at work? Yes No
 Birthdate: _____ Baptism Date: _____ Confirmation Date: _____

Minor Children:

Last Name If Different	First Name	Gender	Birthdate	Baptism Date	Confirmation Date

Are you transferring from another Lutheran Church? Yes No If yes, please tell us the:

Name: _____

City/St/Zip: _____

Are you a winter visitor? Yes No