Trinity Lutheran Church Membership Information

513 Madison Street SE | Watertown, MN 55388 | 952-955-1891

Household Name: Home Phone:					
Household Address:					
Street		PO Bo	ox City	Stat	e Zip
Adult Profile (1)					
Name: First	Middle		Maiden	Last	
Birth Date: Month					
Baptismal Date: Month	Day	Year	Church:		
Confirmation Date: Month_	Day_	Year_	Church: _		
Marital Status: Single	e Marri	ed Sepa	aratedDivor	cedWidowed	
If Married: Month	_ Day	Year	Church:		
Cell Phone:		E	mail:		
Adult Due (the /2)					
Adult Profile (2)	Middle		Maidan	Loct	
Name: First					
Birth Date: Month Baptismal Date: Month					
Confirmation Date: Month_					
Marital Status: Single If Married: Month					
Cell Phone:					
Child (1)					
Name: First		Middle		_ Last	
Birth Date: Month	_ Day	Year	Place of Birth:		
Baptismal Date: Month	Day	Year	Church:		
Confirmation Date: Month_	Day_	Year_	Church: _		
Age: School Grad	e: S	chool Attendin	g:		
Child (2)		N 4: al al l a		Look	
Name: First					
Birth Date: Month					
Baptismal Date: Month					
Confirmation Date: Month					
Age: School Grad	e: S	cilooi Attenain			
Church Background					
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Are you a church member a					
Last Church Membership:				City / State:	

THANK YOU! So that you can stay informed on all of the ways to "Live Faithfully and Change Lives" at Trinity, we will include you on our email distribution list and mail you our monthly newsletter, *Trinity Tidings*.

Form 2023