

## Holy Trinity Lutheran Church Record Update

Please fill out and return to church office via e-mail, mail, or place in Deaconess Andrea's mailbox.

Thank you!

Name

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Address

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Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Birthday \_\_\_\_\_

Family Members

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Anniversary \_\_\_\_\_ Martial Status \_\_\_\_\_

Date Received at Holy Trinity \_\_\_\_\_

Baptism Date \_\_\_\_\_ Where \_\_\_\_\_

Confirmation Date \_\_\_\_\_ Where \_\_\_\_\_

Emergency Contact – Name & Phone

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Committees or groups involved in at Holy Trinity

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Member \_\_\_\_\_ Visitor \_\_\_\_\_

Interested in becoming a member \_\_\_\_\_