

We are updating our system.

Please fill out the below and send back to Beatrice at

officetlc314@gmail.com

TRINITY LUTHERAN CHURCH

(please print)

Name(s): _____

Address: _____

Phone: _____ Cell Phone(s): _____

E-mail(s): _____

ADULTS :

Full Name: _____

Birthday: _____

Birthplace: _____

Baptism Date: _____

Confirmation Date: _____

Marriage Date: _____

Employer: _____

Work Phone: _____

ADULTS :

Full Name: _____

Birthday: _____

Birthplace: _____

Baptism Date: _____

Confirmation Date: _____

Marriage Date: _____

Employer: _____

Work Phone: _____

CHILDREN :

Full Name	Date and Place of Birth	Baptism Date	Confirmation Date	Grade
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1. _____

2. _____

3. _____

4. _____

5. _____