

TRINITY LUTHERAN CHURCH

MEMBER INFORMATION

Please fill in as much information as you can for up to three people in your family; use additional forms if necessary.. This information makes it possible for Trinity to minister to you, and with you. Your information can be updated anytime by contacting the church office. **telephone: (734) 662-4419 fax: (734) 662-4515 e-mail: mail@trinityaa.org**

Last Name:	First Name:	Middle Name/Initial:	<input type="checkbox"/> Use
Suffix:	Salutation	Maiden Name:	<input type="checkbox"/> Use
Date of birth:	Preferred/Nickname:	<input type="checkbox"/> This person is the Head of Household	
Address:		E-mail:	
City:	State:	Zip:	Alt. e-mail:
Home telephone: <input type="checkbox"/> Unlisted		Work Telephone: ext <input type="checkbox"/> Unlisted	
Pager	Cell Phone:	Fax:	
Marital Status:	Wedding Date:	Hobby:	
<input type="checkbox"/> Baptized Date:	<input type="checkbox"/> Confirmed Date:	Special Skill:	
Education:		or Grade School:	
Occupation:		Employer:	

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