



Holy Trinity Episcopal Church
Family Information Form

Adults in the Household

Name: _____ Date of Birth: _____

Email: _____ Phone #1: (_____) _____ - _____
Home Address: _____ Phone #2: (_____) _____ - _____

Baptized? Yes No Year: _____
Confirmed? Yes No Year: _____

Name: _____ Date of Birth: _____

Email: _____ Phone #1: (_____) _____ - _____
Alternate Household Address: _____ Phone #2: (_____) _____ - _____

Baptized? Yes No Year: _____
Confirmed? Yes No Year: _____

Children in the Household

Name: _____ Date of Birth: _____

Phone: (_____) _____ - _____ High School Graduation Year: _____
Gender: _____ Baptized? Yes No Year: _____ Confirmed? Yes No Year: _____

Name: _____ Date of Birth: _____

Phone: (_____) _____ - _____ High School Graduation Year: _____
Gender: _____ Baptized? Yes No Year: _____ Confirmed? Yes No Year: _____

Name: _____ Date of Birth: _____

Phone: (_____) _____ - _____ High School Graduation Year: _____
Gender: _____ Baptized? Yes No Year: _____ Confirmed? Yes No Year: _____

Name: _____ Date of Birth: _____

Phone: (_____) _____ - _____ High School Graduation Year: _____
Gender: _____ Baptized? Yes No Year: _____ Confirmed? Yes No Year: _____

Name: _____ Date of Birth: _____

Phone: (_____) _____ - _____ High School Graduation Year: _____

Gender: _____ Baptized? Yes No Year: _____ Confirmed? Yes No Year: _____