



# TRINITY

EPISCOPAL CATHEDRAL  
A house of prayer for all people

## NEW MEMBERSHIP PROFILE FORM

### PRIMARY HOUSEHOLD MEMBER

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
*First, Middle, Last*

Current Address: \_\_\_\_\_  
*Street, City, State, Zip*

Contact Phone: \_\_\_\_\_ (Home/Cell) Alternate Phone: \_\_\_\_\_ (Home/Cell)

Preferred Contact Email: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

#### Baptism

Are you baptized? Yes ☐ No ☐ If yes, where? (Church, City): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Confirmation

Have you been confirmed? Yes ☐ No ☐ If yes, where? (Church, City): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Marriage

Are you married? Yes ☐ No ☐ If yes, where? (Church, City): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Most recent church affiliation: \_\_\_\_\_

☐ Please request a Letter of Transfer for my membership

### SPOUSE/PARTNER

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
*First, Middle, Last*

☐ Address is the same as Primary Household Member

☐ Address is different: \_\_\_\_\_  
*Street, City, State, Zip*

Contact Phone: \_\_\_\_\_ (Home/Cell) Alternate Phone: \_\_\_\_\_ (Home/Cell)

Preferred Contact Email: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

#### Baptism

Are you baptized? Yes ☐ No ☐ If yes, where? (Church, City): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Confirmation

Have you been confirmed? Yes ☐ No ☐ If yes, where? (Church, City): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Most recent church affiliation: \_\_\_\_\_

**CHILDREN**

*For each child living at home, please fill out the following information*

Name ( <i>First, Middle, Last</i> )	DOB	Grade	Baptized?	Confirmed?
			Yes <input type="checkbox"/> No <input type="checkbox"/> Date: Location:	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: Location:
			Yes <input type="checkbox"/> No <input type="checkbox"/> Date: Location:	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: Location:
			Yes <input type="checkbox"/> No <input type="checkbox"/> Date: Location:	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: Location:
			Yes <input type="checkbox"/> No <input type="checkbox"/> Date: Location:	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: Location:

Additional Information: (*Interests, skills, occupation, etc.*)

**FOR OFFICE USE ONLY**

Form received on \_\_\_\_/\_\_\_\_/\_\_\_\_ Init. \_\_\_\_\_

Information entered into Realm on \_\_\_\_/\_\_\_\_/\_\_\_\_ Init. \_\_\_\_\_

Letter of Transfer request sent \_\_\_\_/\_\_\_\_/\_\_\_\_ Init. \_\_\_\_\_