

Trinity Cathedral Parish Profile

Please fill out this form completely and return to the Cathedral.

PRIMARY

Name First _____ Middle _____ Last _____ Goes By _____

Address _____

City, State, Zip _____

Telephone Home _____ Work _____ Cell _____

E-address Home _____ Work _____

Place and Date of Birth _____

Baptismal Date _____ Church of Bap./City & State _____

Confirmation Date _____ Church of Conf./City & State _____

Anniversary Date Month _____ Day _____ Year _____

Occupation _____

Employer _____

Most recent church affiliation _____

Do you have a sponsor? _____ If so, who? _____

Sponsor email _____ Sponsor phone _____

SPOUSE / PARTNER

Name First _____ Middle _____ Last _____ Goes By _____

Address _____

City, State, Zip _____

Telephone Home _____ Work _____ Cell _____

E-address Home _____ Work _____

Place and Date of Birth _____

Baptismal Date _____ Church of Bap./City & State _____

Confirmation Date _____ Church of Conf./City & State _____

Anniversary Date Month _____ Day _____ Year _____

Occupation _____

Employer _____

Most recent church affiliation _____

Do you have a sponsor? _____ If so, who? _____

Sponsor email _____ Sponsor phone _____

CHILD 1 - living at home? _____yes _____no

Name First _____ Middle _____ Last _____ Goes By _____

Address _____

City, State, Zip _____

Telephone Home _____ Work _____ Cell _____

E-address Home _____ Work _____

Place and Date of Birth _____

Baptismal Date _____ **Church of Bap./City & State** _____

Confirmation Date _____ **Church of Conf./City & State** _____

Occupation (if applicable) _____

Employer (if applicable) _____

CHILD 2 - living at home? _____yes _____no

Name First _____ Middle _____ Last _____ Goes By _____

Address _____

City, State, Zip _____

Telephone Home _____ Work _____ Cell _____

E-address Home _____ Work _____

Place and Date of Birth _____

Baptismal Date _____ **Church of Bap./City & State** _____

Confirmation Date _____ **Church of Conf./City & State** _____

Occupation (if applicable) _____

Employer (if applicable) _____

CHILD 3 - living at home? _____yes _____no

Name First _____ Middle _____ Last _____ Goes By _____

Address _____

City, State, Zip _____

Telephone Home _____ Work _____ Cell _____

E-address Home _____ Work _____

Place and Date of Birth _____

Baptismal Date _____ **Church of Bap./City & State** _____

Confirmation Date _____ **Church of Conf./City & State** _____

Occupation (if applicable) _____

Employer (if applicable) _____

NOTE - If child/children are NOT living at home but are members of Trinity Cathedral Parish, please list as much information as possible so that we may contact them directly for complete information. Thank you.