

New Member Information Form
Holy Trinity Lutheran Church
New Prague, MN 56071

Please fill out the information below for our church records. Thank you.

FIRST & LAST NAME _____

ADDRESS _____

CITY, STATE & ZIP _____

TELEPHONE: HOME _____ CELL _____

EMAIL: _____

DATE OF BIRTH _____ BAPTISM DATE _____

CONFIRMATION DATE _____

MARITAL STATUS ____ MARRIED ____ DIVORCED ____ WIDOWED ____ SINGLE

DATE OF MARRIAGE _____

FIRST & LAST NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE: HOME _____ CELL _____

EMAIL _____

DATE OF BIRTH _____ BAPTISM DATE _____

CONFIRMATION DATE _____

MARITAL STATUS ____ MARRIED ____ DIVORCED ____ WIDOWED ____ SINGLE

DATE OF MARRIAGE _____

IS FAMILY TRANSFERRING FROM ANOTHER CHURCH? ____ YES ____ NO

NAME OF CHURCH _____

ADDRESS OF CHURCH _____

Please fill out Children's Information Form on the other side if you have children.

CHILDREN'S INFORMATION FORM

NAME _____ Age _____ M _____ F _____

Birth date _____ Current school grade (if summer, grade entering) _____

Baptism Date _____ Confirmation Date _____

NAME _____ Age _____ M _____ F _____

Birth date _____ Current school grade (if summer, grade entering) _____

Baptism Date _____ Confirmation Date _____

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