



# Holy Trinity Lutheran Church Family Information Sheet

**LAST NAME**

Address

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Phone

E-Mail

Previous Church Affiliation

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**Husband**

Birth date/place

Baptism date/place

Confirmation date/place

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**Wife**

Birth date/place

Baptism date/place

Confirmation date/place

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**Child**

Birth date/place

Baptism date/place

Confirmation date/place

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**Child**

Birth date/place

Baptism date/place

Confirmation date/place

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**Child**

Birth date/place

Baptism date/place

Confirmation date/place

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**Child**

Birth date/place

Baptism date/place

Confirmation date/place

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Today's Date: \_\_\_\_\_

Please use back if you need more information space.