

| 120 BROADWAY, 38TH FLOOR

MEMBER INFORMATION FORM						
PARISH OF TRINITY CHURCH WALL STREET TRINITY CHURCH AND ST. PAUL'S CHAPEL If you have questions about this form, please call or email the Rev. Elizabeth Blunt at eblunt@trinitywallstreet.org or 646.216.6482.						
					TODAY'S DATE	
GENERAL INFO						
Prefix (<i>Mr./Mrs./Ms./Dr./etc.</i>)						
First name	Middle name					
Last name	Suffix					
Nickname (name you prefer to go by)						
Preferred email	Secondary email					
Home phone	Mobile phone					
Gender						
Birthday	Place of birth (<i>city, state, country</i>)					
Home address (street 1; street 2; city, state, zip)						
Marital status (single, partnered, married, etc.)						
Occupation						
Employer	Business phone					
SERVICES YOU ATTEND (check all that apply)						
○ St. Paul's Chapel 8am (Sunday)	O St. Paul's Chapel 8pm (Sunday)					
O Trinity Church 9am (Sunday)	O Trinity Church 12:05pm (Monday–Friday)					
○ St. Paul's Chapel 9:15am (Sunday)	O Trinity Church 5:15pm (Monday–Friday)					
O Trinity Church 11:15am (Sunday)						

MEMBER INFORMATION FORM

BAPTISM

Date baptized (<i>if not baptized, write "n/a</i> ")	
Where (name of church, city, state)	
Officiating Minister	
Parent(s)	
Sponsor(s)	

CONFIRMATION

Date confirmed (if not confirmed, write "n/a")

Where (name of church, city, state)

Confirming Bishop

Presented by

MARRIAGE

Marriage date	
Where (name of church, city, state)	
Officiating Minister	
Spouse name	

Witness(es)

Each spouse interested in membership at Trinity Church Wall Street should fill out a Membership Information Form.

TRANSFER

If you are a member of another church, do you want to transfer your membership to the parish of Trinity Church Wall Street?

🔾 Yes 🛛 🔾 No)
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From (name of church, city, state)

PLEDGING

Are you currently pledging to Trinity Church Wall Street? O Yes O No

O Maybe

COMMUNICATION PREFERENCES

O I give my permission to receive emails about events and programs at Trinity Church Wall Street. I understand that I can update my subscription preferences or unsubscribe at any time.

MEMBER INFORMATION FORM CHILDREN

DEPENDENT CHILDREN CHILD ONE First name Middle name Last name Email address (if child is age 13 or older) Gender Birthday Year/grade in school Date baptized Where (name of church, city, state) Where (name of church, city, state) Date confirmed **CHILD TWO** First name Middle name Last name Email address (if child is age 13 or older) Gender Birthday Year/grade in school Date baptized Where (name of church, city, state) Date confirmed Where (name of church, city, state) **CHILD THREE** First name Middle name Last name Email address (if child is age 13 or older) Gender Birthday Year/grade in school Date baptized Where (name of church, city, state)

CHILD FOUR

Date confirmed

First name	Middle name		
Last name			
Email address (if child is age	e 13 or older)		
Gender	Birthday	Year/grade in school	
Date baptized	Where (<i>name of church, city, state</i>)		
Date confirmed	Where (name of church, city, state)		

Where (name of church, city, state)

