

TRINITY CHURCH WALL STREET

76 Trinity Place
New York, NY 10006
212.602.0753

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 (*Mr./Mrs./Ms./Dr./etc.*)

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 (*city, state, country*)

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)

St. Paul's Chapel 8pm (Sunday)

Trinity Church 9am (Sunday)

Trinity Church 12:05pm (Monday–Friday)

St. Paul's Chapel 9:15am (Sunday)

Trinity Church 5:15pm (Monday–Friday)

Trinity Church 11:15am (Sunday)

MEMBER INFORMATION FORM

BAPTISM

Date baptized *(if not baptized, write "n/a")*

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 Maybe

From *(name of church, city, state)*

PLEDGING

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

COMMUNICATION PREFERENCES

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) _____
Date confirmed _____ Where (name of church, city, state) _____

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) _____
Date confirmed _____ Where (name of church, city, state) _____

CHILD FOUR

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) _____

**TRINITY
CHURCH**
WALL
STREET