

Holy Trinity Lutheran Church

Holy Trinity Lutheran Church 1755 Delhi Street, Dubuque, IA 52001
(563) 582-3228
www.htlcdbq.com

New Member Form

Primary Contact

Full Name: _____

Cell Phone: _____ Home Phone: _____

Email address: _____

Address: _____

Date of Birth _____ Birth Place _____

Occupation _____ Employer _____

Married? Yes/No If Yes, Marriage Date _____

Baptized: Yes/No

Baptism Date: _____ Church & Location _____

Confirmed: Yes/No

Confirmation Date: _____ Church & Location _____

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Spouse or Partner

Full Name: _____

Cell Phone: _____ Home Phone: _____

Email address: _____

Address: _____

Date of Birth _____ Birth Place _____

Occupation _____ Employer _____

Married? Yes/No If Yes, Marriage Date _____

Baptized: Yes/No

Baptism Date: _____ Church & Location _____

Confirmed: Yes/No

Confirmation Date: _____ Church & Location _____

Children

Full Name: _____

Cell Phone: _____ Email address: _____

Address: _____

Date of Birth _____ Birth Place _____

Baptized: Yes/No

Baptism Date: _____ Church & Location _____

Confirmed: Yes/No

Confirmation Date: _____ Church & Location _____

Grade: _____ School: _____

Allergies: _____

Emergency Contact: _____

Full Name: _____

Cell Phone: _____ Email address: _____

Address: _____

Date of Birth _____ Birth Place _____

Baptized: Yes/No

Baptism Date: _____ Church & Location _____

Confirmed: Yes/No

Confirmation Date: _____ Church & Location _____

Grade: _____ School: _____

Allergies: _____

Emergency Contact: _____

Children

Full Name: _____

Cell Phone: _____ Email address: _____

Address: _____

Date of Birth _____ Birth Place _____

Baptized: Yes/No

Baptism Date: _____ Church & Location _____

Confirmed: Yes/No

Confirmation Date: _____ Church & Location _____

Grade: _____ School: _____

Allergies: _____

Emergency Contact: _____

Full Name: _____

Cell Phone: _____ Email address: _____

Address: _____

Date of Birth _____ Birth Place _____

Baptized: Yes/No

Baptism Date: _____ Church & Location _____

Confirmed: Yes/No

Confirmation Date: _____ Church & Location _____

Grade: _____ School: _____

Allergies: _____

Emergency Contact: _____