



TRINITY LUTHERAN CHURCH

609 LINCOLN AVE
OWATONNA MN 55060

Membership Information Sheet

Please fill out the form below for our database and return promptly ~ Thank you!

First _____ Middle _____ Last _____

Preferred Name: _____ Maiden/Birth Name: _____

Current Address: _____

Phone: _____ Cell Phone: _____

E-mail Address: _____

Employer: _____ Work phone: _____

Birthdate: ____ / ____ / ____ Sex: M ____ F ____

Place of Birth: _____

Fathers Name: _____ Mothers Name: _____

Marital Status: _____ Spouses Name: _____

Wedding Date: ____ / ____ / ____ # of Children: _____

Baptized?: Y N date: ____ / ____ / ____ Where: _____

Confirmed?: Y N date: ____ / ____ / ____ Where: _____

Former Congregation: _____

Address: _____

Do you want Trinity to request a transfer for you from your former church? Yes ____ No ____