

HOLY TRINITY EPISCOPAL CHURCH—NEWCOMER INFORMATION/MAILING LIST
 100 NE 1st Street, Gainesville, Florida 32601 (352) 372-4721

1st Adult Full Name _____ E-mail _____

Address _____ Phone _____ Bus. Phone _____

Date of Birth	City/State	Date of Baptism	City/State	Date of Confirmation	City/State
		Church		Church	

2nd Adult Full Name _____ E-mail _____ Bus. Phone _____

Date of Birth	City/.State	Date of Baptism	City/State	Date of Confirmation	City/State
		Church		Church	

NAMES OF CHILDREN LIVING AT HOME Please include last name if different. (For more names put on back)

NAME	Date of Birth	City/State	Date of Baptism	City/State	Date of Confirmation	City/State
			Church		Church	
NAME	Date of Birth	City/State	Date of Baptism	City/State	Date of Confirmation	City/State
			Church		Church	
NAME	Date of Birth	City/State	Date of Baptism	City/State	Date of Confirmation	City/State
			Church		Church	

REQUESTS: Please check all that apply

_____ Please send me information about Holy Trinity Church.

_____ Please add my name to the mailing list.

_____ Please write to my former church, transferring my membership to Holy Trinity Church.

_____ Name and address of former church: _____

_____ I am not a member of any church and would like to join Holy Trinity Church.