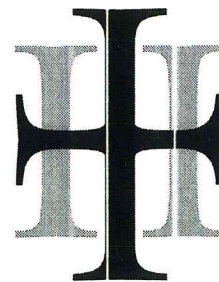


Holy Trinity Parish  
515 E. Ponce de Leon Ave.  
Decatur, GA 30030  
Tel: 404-377-2622  
Email: [info@htparish.com](mailto:info@htparish.com)  
Website: [www.htparish.com](http://www.htparish.com)



**Individual Request for Information**

**Name Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Goes by Name: \_\_\_\_\_

Title: (please circle) Mr. Mrs. Ms.

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home e-mail \_\_\_\_\_

**Personal Information**

Date of Birth: (month)\_\_\_\_\_(day)\_\_\_\_\_(Year)\_\_\_\_\_ Gender: Male / Female

Date Joined: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone \_\_\_\_\_ (extension \_\_\_\_\_)

Work e-mail \_\_\_\_\_

Family Position: Head/ Spouse/ Child/ Other (Circle One)

Record Type: Member/ Prospect/ Other (Circle one)

**Your Dates**

Date of Baptism (Month)\_\_\_\_\_(Day)\_\_\_\_\_(Year)\_\_\_\_\_

Date of Confirmation (Month)\_\_\_\_\_(Day)\_\_\_\_\_(Year)\_\_\_\_\_

Date of Wedding (Month)\_\_\_\_\_(Day)\_\_\_\_\_(Year)\_\_\_\_\_

(over)

**Comments**

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**Individual Alternate Addresses  
(Vacation/College)**

**Address Type:** Family / Individual

**Address Line 1:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ Listed / Unlisted

Are you a member of Holy Trinity? Yes\_\_\_ No\_\_\_

If you are a member of another church, please indicate the name and address of the church:

(Church)\_\_\_\_\_ (address)\_\_\_\_\_

Do you desire to transfer your membership registration to Holy Trinity Yes\_\_\_ No\_\_\_

Do you desire to be baptized? Yes\_\_\_ No\_\_\_

Do you desire to be confirmed or received from another denomination? Yes\_\_\_ No\_\_\_

How did you learn about Holy Trinity?\_\_\_\_\_

What drew you to the Parish?\_\_\_\_\_

What are some interests or ministries you would like to pursue through Holy Trinity?

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