

Trinity Episcopal Church
651 Pequot Ave. Box 400
Southport, CT 06890
www.trinity southport.org

PARISHIONER INFORMATION FORM

List names and address as you want it on Directory/mailings-
(Ex; Mr. and Mrs. Joe Brown; Joe & Susan Brown; Joe Brown & Susan Smith)

Name/Names _____ Home phone _____
Street/PO Box _____ Email (his) _____
Town, State, Zip _____ Email (her) _____

The following information is for our church records only and will not be included in the Directory-

Email address(es) _____

His Business/Occupation _____ His Cell/work phone _____
Her Business/Occupation _____ Her Cell/work phone _____
Wedding Date: _____ Maiden Name _____

Male Adult-
Full Name: _____ Nickname: _____ Birthdate: _____
Baptism yes/no _____ Confirmed yes/no _____ Denomination _____

Female Adult-
Full Name _____ Nickname _____ Birthdate _____
Baptism yes/no _____ Confirmed yes/no _____ Denomination _____

Children-
Full Name _____ Nickname _____ Birthdate _____
Baptism yes/no _____ Confirmed yes/no _____

Full Name _____ Nickname _____ Birthdate _____
Baptism yes/no _____ Confirmed yes/no _____

Full Name _____ Nickname _____ Birthdate _____
Baptism yes/no _____ Confirmed yes/no _____

Full name _____ Nickname _____ Birthdate _____
Baptism yes/no _____ Confirmed yes/no _____

*Thank you for taking the time to fill out this form and sending it back **ASAP** to the church office at the above address. This information enables us to keep you informed about church life as well as helping us to get to know you better. Once we receive your information, we will add you as a member to our parishioner database. Members of Trinity are marked by regular attendance, volunteer participation and identifiable financial contribution.*