

# Holy Trinity Episcopal Church

4613 Highway 3  
Dickinson, TX 77538  
281-337-1833  
[office@ht-d.org](mailto:office@ht-d.org)



**Welcome to Holy Trinity Church!** Please complete this form and return it to the church office via US mail, the Sunday offering plate, or in person. Thank you.

## Please Print Clearly

NAME: \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

BIRTHDAY (*mm/dd/yyyy*) \_\_\_\_\_

BAPTISM YEAR / LOCATION / DENOMINATION \_\_\_\_\_

\_\_\_\_\_ CONFIRMED or RECEIVED?  YES  NO

NAME of SPOUSE / PARTNER \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

BIRTHDAY (*mm/dd/yyyy*) \_\_\_\_\_ ANNIVERSARY DATE \_\_\_\_\_

BAPTISM YEAR / LOCATION / DENOMINATION \_\_\_\_\_

\_\_\_\_\_ CONFIRMED or RECEIVED?  YES  NO

### CHILDREN AT HOME

### BAPTISM

NAME	BIRTHDAY	Year	Location	Denomination
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### CHECK ALL THAT APPLY

- I / we would like to receive additional information about the Episcopal Church \_\_\_ or Holy Trinity Church \_\_\_.
- I / we would like a phone call from the priest.
- I / we would like to transfer our membership.
- I / we would like information about the following: \_\_\_\_\_