

Help us to Welcome You!

Trinity Episcopal Cathedral

Date _____

Name _____ Name _____

(please include your preferred salutation: Mr. / Mrs. / Ms. / Miss)

Address _____ Zip: _____

Phone: _____

Phone _____

e-mail: _____

e-mail: _____

Preferred nickname _____

Preferred nickname _____

Profession _____

Profession _____

Date of Birth _____

Date of Birth _____

Baptized? _____ In what tradition? _____

Baptized? _____ In what tradition? _____

Confirmed? _____ In what tradition? _____

Confirmed? _____ In what tradition? _____

Children in the Home

Name _____ Date of Birth _____ School Year _____

Name _____ Date of Birth _____ School Year _____

Name _____ Date of Birth _____ School Year _____

Are you interested in having your children enroll in Church School? yes _____ no _____

Please check all that apply:

_____ I desire to be **baptized**.

_____ I desire to be **confirmed or received** (watch for information about the Catechesis class beginning each January).

_____ I desire to **transfer my membership** from another Episcopal parish (please fill out the information on the back of this form!)

_____ I desire to attend as a **seeker or inquirer** for the time being.

_____ I would like to **speak with a member of the Cathedral staff** about the ways I can become involved at Trinity.

_____ I am particularly interested in _____.

Questions??? Call the Cathedral Office at 503-222-9811

Return this form to:

Trinity Episcopal Cathedral, 147 NW 19th Avenue, Portland, OR 97209

Information for Transferring from another EPISCOPAL Church

Name _____

Name _____

Date of Baptism _____
(if you do not know the exact date, the year will do)

Date of Baptism _____
(if you do not know the exact date, the year will do)

Place of Baptism (include church, city and state):

Place of Baptism (include church, city and state):

Date of Confirmation _____
(if you do not know the exact date, the year will do)

Date of Confirmation _____
(if you do not know the exact date, the year will do)

Place confirmed (include church, city and state):

Place confirmed (include church, city and state):

Church where you are now a member and from which you desire to transfer:

Name _____

Address _____

City/State/Zip _____