



Member Information Form cont.

Child(ren) Information

Name: _____ Birthday: _____ Gender: _____

Date Baptized: _____ Church/State: _____

Date Confirmed: _____ Church/State: _____

Name: _____ Birthday: _____ Gender: _____

Date Baptized: _____ Church/State: _____

Date Confirmed: _____ Church/State: _____

Name: _____ Birthday: _____ Gender: _____

Date Baptized: _____ Church/State: _____

Date Confirmed: _____ Church/State: _____

Name: _____ Birthday: _____ Gender: _____

Date Baptized: _____ Church/State: _____

Date Confirmed: _____ Church/State: _____

If you need help please call 808-488-5747.

When complete, email the form to
updates@sttimothysaiea.org or mail it to

St. Timothy's Church
98-939 Moanalua Rd
Aiea, HI 96701