

# Holy Trinity Greek Orthodox Church

4070 Park Avenue Bridgeport, CT 06604

## Household Information Survey

Please complete and return this form to the Church Office. This form can also be completed online at:

[www.holytrinitybridgeport.org/contact.html](http://www.holytrinitybridgeport.org/contact.html)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Would you like to read the Vision (our monthly newsletter) online and stop receiving your paper version? (please circle one) YES / NO (Please note that this is separate from the weekly e-bulletin.)

*Please fill out all applicable & available information for all members of your household.*

**Note that all information will be kept completely confidential. It is for internal use only.**

**Please see Reverse for Volunteer Opportunities**

	You	Spouse
Business Phone:	_____	_____
Cell Phone:	_____	_____
Email Address:	_____	_____
Birthday:	_____	_____
Anniversary:	_____	_____
Occupation:	_____	_____
Employer :	_____	_____
Church Groups/Activities you participate in (i.e...Sunday School, Philoptochos, etc...)	_____	_____

	Child or other member	Child or other member
Name:	_____	_____
Business Phone:	_____	_____
Cell Phone:	_____	_____
Email Address:	_____	_____
Birthday:	_____	_____
Occupation:	_____	_____
Employer :	_____	_____
Church Groups/Activities you participate in (i.e...Sunday School, Philoptochos, etc...)	_____	_____

	Child or other member	Child or other member
Name:	_____	_____
Business Phone:	_____	_____
Cell Phone:	_____	_____
Email Address:	_____	_____
Birthday:	_____	_____
Occupation:	_____	_____
Employer :	_____	_____
Church Groups/Activities	_____	_____