

Christ Episcopal Church

Membership Form

Date _____

Name: _____ Title: _____
Last First Middle

Name (Spouse): _____ Title: _____

Address: _____

Contact: Home _____ Work _____ e-mail _____

Contact: Home _____ Work _____ e-mail _____
(Spouse)

Married Anniversary Date: _____ Widowed Single

Birth Date: ____/____/____

Birth Date (Spouse): ____/____/____

Baptized: YES NO Approximate Date: _____ Church: _____

Confirmed: YES NO Approximate Date: _____ Church: _____

Baptized: YES NO Approximate Date: _____ Church: _____
(Spouse)

Confirmed: YES NO Approximate Date: _____ Church: _____
(Spouse)

If not confirmed, would you like to be: YES NO (Spouse): YES NO

If you are not a confirmed Episcopalian, what is your religious affiliation? _____

Would you like to be received into the Episcopal Church? YES NO (Spouse): YES NO

If you were confirmed as an Episcopalian, but not at Christ Church, is your "LETTER OF TRANSFER" here?
 YES NO _____ (Spouse): YES NO

If not, would you like to transfer from your former parish into Christ Church? YES NO (Spouse): YES NO

Name and City of former parish and the dates you were there.

Children (living at home or at college):

<u>Name</u>	<u>Birth Date</u>		<u>Date of Baptism</u>	<u>Date of Confirmation</u>
_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	____/____/____
_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	____/____/____
_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	____/____/____
_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	____/____/____

Any additional information you think we need to know - please include on the back of this form.