

CALVARY EPISCOPAL CHURCH

MEMBERSHIP INFORMATION FORM



Date _____

Adults in Household: _____

Full Name: _____

Date of Birth: _____

Date Baptized: _____ Church: _____

Date Confirmed: _____ Church: _____

Current Marital Status: Married Partnered Single Divorced Widowed

Date of Marriage: _____

Spouse or Partner: _____

Date of Birth: _____

Date Baptized: _____ Church: _____

Date Confirmed: _____ Church: _____

Contact:

Address: _____

Home Telephone: _____ Cell phone number(s): _____

E-Mail Address(s): _____

(Home/ Work)

Include in Directory

Cell: _____ yes _____ no

Email: _____ yes _____ no

NEW MEMBER INFORMATION cont.

Children:

Children's Names	Date of Birth	Date Baptized	Date Confirmed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Where did you last attend church?

Address:

If this is an Episcopal Church, you may wish to request a letter of transfer.

Are there any skills and/or interests you would like to share with us?
