**EPISCOPAL CHURCH OF THE RESURRECTION**

**MEMBERSHIP FORM**

Please help us get to know you better and include you in our communications. Please provide as much of the following information as possible. Much of our church communications are done by email, but there are times when regular mail and phone numbers are required. This information will never be sold or used from marketing purposes.

Please use additional pages as needed to provide information. **Please return these forms to the church office**.

|  |
| --- |
| **Household Address:** |
|  |
| *(Street)* |
|  |
| *(City, State, Zip)* |
|  |
| **Full Name Adult 1:** |
| *Goes by name:*  |
| *Date of Birth / Location* |
| *Date of Baptism / Church / Location* |
| *Date of Confirmation, approximate, if necessary, church / location* |
| *Date of Wedding / church / location* |
| *Preferred phone number(s):*  |
| *Preferred Email address:*  |
|  |
| **Full Name Adult 2:** |
| *Goes by name:*  |
| *Date of Birth / Location* |
| *Date of Baptism / Church / Location* |
| *Date of Confirmation, approximate, if necessary, / Church / Location* |
| *Preferred phone number(s):*  |
| *Preferred Email address:*  |
|  |
| **Full Name Child/Adult 1:** |
| *Goes by name:*  |
| *Date of Birth / Location* |
| *Date of Baptism / Church / Location* |
| *Date of Confirmation, approximate, if necessary, / Church / Location*  |
| *Preferred phone number(s):*  |
| *Preferred Email address:*  |
|  |

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| --- |
| **Full Name Child/Adult 2:** |
| *Goes by name:*  |
| *Date of Birth / Location* |
| *Date of Baptism / Church / Location* |
| *Date of Confirmation, approximate, if necessary, / Church / Location* |
| *Preferred phone number(s):*  |
| *Preferred Email address:*  |
|  |
| **Full Name Child/Adult 3:** |
| *Goes by name:*  |
| *Date of Birth / Location* |
| *Date of Baptism / Church / Location* |
| *Date of Confirmation, approximate, if necessary, Church / Location*  |
| *Preferred phone number(s):*  |
| *Preferred Email address:*  |
|  |
| **Full Name Child/Adult 4:** |
| *Goes by name:*  |
| *Date of Birth / Location* |
| *Date of Baptism / Church / Location* |
| *Date of Confirmation, approximate, if necessary, Church / Location* |
| *Preferred phone number(s):*  |
| *Preferred Email address:*  |
|  |
| **Full Name Child/Adult 5:** |
| *Goes by name:*  |
| *Date of Birth* |
| *Date of Baptism / Location* |
| *Date of Confirmation, approximate, if necessary, Church / Location* |
| *Preferred phone number(s):*  |
| *Preferred Email address:*  |

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| **Full Name Child/Adult 6:** |
| *Goes by name:*  |
| *Date of Birth* |
| *Date of Baptism / Location* |
| *Date of Confirmation, approximate, if necessary, Church / Location* |
| *Preferred phone number(s):*  |
| *Preferred Email address:*  |

|  |
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| ***REQUEST FOR LETTER OF TRANSFER******TO******EPISCOPAL CHURCH OF THE RESURRECTION*** |
| **To the Rector or Vicar of:** |
| *(Church)* |
|  |
| *(Street)* |
|  |
| *(City, State, Zip)* |
|  |
| **Please send an official Letter of Transfer for me/us to:** |
| *(Church)* |
|  |
| *(Street)* |
|  |
| *(City, State, Zip)* |
|  |
| **Signed,** |
|  |
| (Name) |
|  |
| (Date of Confirmation, approximate, if necessary) |
|  |
| (Date of transfer to church now leaving) |
|  |
| (Full name at Confirmation, if different than at present) |
|  |
| (Names of other family members being transferred) |
|  |
| (Names of other family members being transferred) |
|  |

**Please return this form to the church office**