

ST. PETER'S EPISCOPAL CHURCH MEMBERSHIP

We sincerely want you to feel welcome at St. Peter's.
By completing this information sheet and returning it to the parish office,
we will be able to appropriately welcome you and respond to your needs.

YOUR INFORMATION

Name:		
Date of birth:	Place of Birth:	Phone:
Current address:		
City:	State:	ZIP Code:
E-mail:	Faith of Baptism:	Date of Baptism:
Place of Baptism:	Confirmation Date:	Faith of Confirmation:
Occupation:	Work Phone:	I have attended Cursillo:

SPOUSE'S INFORMATION

Name:		Anniversary Date:
Date of birth:	Place of Birth:	Phone:
E-mail:	Faith of Baptism:	Date of Baptism:
Place of Baptism:	Confirmation Date:	Faith of Confirmation:
Occupation:	Work Phone:	I have attended Cursillo:

CHILDREN LIVING AT HOME

Name:	Date of Birth:
Baptism Date:	Confirmation Date:
Name:	Date of Birth:
Baptism Date:	Confirmation Date:
Name:	Date of Birth:
Baptism Date:	Confirmation Date:

WOULD YOU LIKE TO BECOME A MEMBER OF ST. PETER'S EPISCOPAL CHURCH?

Yes, I would: _____ Not at this time: _____	Would you like to be on our mailing list? Yes: _____ No: _____
Please send for my Letter of Transfer from: Name of former Church: _____	
Address: _____	
City: _____ State: _____ Zip: _____	

FOR PART-TIME RESIDENTS ONLY

If you are a part-time Florida resident assist us by completing the section below:

Alternate address:			
City:	State:	ZIP:	E-mail:
I (we) will be in Florida from _____ to _____			
I (we) wish to receive St. Peter's mailings while at my/our alternate address Yes: _____ No: _____			

COMMENTS
