



# Information Form for *Visitors and New Members*

Please complete this form so that we can get to know you and your family

## FAMILY INFORMATION

Mr./Dr./Rev. \_\_\_\_\_

Goes By Name \_\_\_\_\_

Birth Date \_\_\_\_\_  
mm/dd/yyyy

Date of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Work Phone # \_\_\_\_\_

Email \_\_\_\_\_

Miss/Mrs./Ms./Dr./Rev. \_\_\_\_\_

Goes By Name \_\_\_\_\_

Birth Date \_\_\_\_\_  
mm/dd/yyyy

Date of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Work Phone # \_\_\_\_\_

Email \_\_\_\_\_

Name of Child \_\_\_\_\_

Goes By Name \_\_\_\_\_

Birth Date \_\_\_\_\_  
mm/dd/yyyy

Grade Level: \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_

Name of Child \_\_\_\_\_

Goes By Name \_\_\_\_\_

Birth Date \_\_\_\_\_  
mm/dd/yyyy

Grade Level: \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_

Name of Child \_\_\_\_\_

Goes By Name \_\_\_\_\_

Birth Date \_\_\_\_\_  
mm/dd/yyyy

Grade Level: \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_

Family Address: \_\_\_\_\_  
Street City State Zip

Family Email: \_\_\_\_\_ Family Phone # \_\_\_\_\_

Wedding Anniversary \_\_\_\_\_ Do you want your Birthday(s) and Anniversary to be recognized? **Y** or **N**  
mm/dd/yyyy

Do you want to receive ParishLIFE our weekly newsletter? Yes or No

Which Sunday service do you primarily attend? 7:30 am / 9:00 am / 11:15 am

Would you be interested in transferring your membership to St. Paul's? Yes or No

*If yes, please supply the name, city, state, and denomination of the church where your membership is being held.* \_\_\_\_\_

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Questions or Comments for Membership Coordinator or Clergy: \_\_\_\_\_

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