

St. Philip's Episcopal Church

Information Sheet

Name	Name
Address	Address
City Zip Code	City Zip Code
Marital Status (circle)	Marital Status (circle)
Married Single	Married Single
Divorced Widow/Widower	Divorced Widow/Widower
Birth (mm/dd/y) Location	Birth (mm/dd/y) Location
Baptism (mm/dd/y) Location	Baptism (mm/dd/y) Location
Confirmation (mm/dd/y) Location	Confirmation (mm/dd/y) Location
Reception (mm/dd/y) Location	Reception (mm/dd/y) Location
Joining Date	Joining Date
Anniversary Date (mm/dd/y)	Anniversary Date (mm/dd/y)
Phone #	Phone #
Cell Phone #	Cell Phone #
Email	Email

Children (who live at home)			
First/Last Name	Birth Date/Location	Baptismal Date/Location	Confirmation Date/Location

Would you like to transfer your membership to St. Philip's? Yes No From?
(Church)
(Address)
Are you a pledging member of St. Philip's? Yes No Would you like offering envelope? Yes No

Be sure to notify the church office of any address, telephone or email changes.

If you do not currently receive the weekly E-news, would you like it? Yes No