

Date: _____



ST. MARY'S EPISCOPAL CHURCH

New Worshipper Information Form

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

Full Name _____ Goes by Name _____

E-mail _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Occupation/Employer _____ Work Phone _____

Birth Date _____ Baptismal Date _____ Confirmation Date _____

Previous Church & Location _____

Full Name _____ Goes by Name _____

E-mail _____

Birth Date _____ Baptismal Date _____ Confirmation Date _____

Children living at home:

Full Name _____

Birth Date _____ Baptismal Date _____ Confirmation Date _____

School _____ Grade _____

E-mail _____

Full Name _____

Birth Date _____ Baptismal Date _____ Confirmation Date _____

School _____ Grade _____

E-mail _____

Date: _____

Full Name _____

Birth Date _____ Baptismal Date _____ Confirmation Date _____

School _____ Grade _____

E-mail _____

Full Name _____

Birth Date _____ Baptismal Date _____ Confirmation Date _____

School _____ Grade _____

E-mail _____

Do you want your Birthday(s) to be recognized? Y or N

Do you want to receive the E-Connection our weekly newsletter? Y or N

**If yes, please be sure to provide your e-mail address on the front side of this form.*

Which Sunday service do you primarily attend? **8:00 am / 9:00 am Informal / 11:00 am**

Would you be interested in transferring your membership to St. Mary's? Y or N

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

Questions or Comments for Membership Coordinator or Clergy:

