

**CALVARY EPISCOPAL CHURCH
MEMBERSHIP INFORMATION FORM**



Date _____

Head of Household full Name: _____

Spouse's full Name: _____

Current Marital Status: Married Single Divorced Widowed

Date of Marriage: _____

Address: _____

Home Telephone: _____ Cell phone number(s): _____

E-Mail Address(s): _____
(Home/ Work)

Include in Directory? Cell ____yes ____no email ____yes ____no

Head of Household Date of Birth: _____

Date Baptized: _____ Church: _____

Date Confirmed: _____ Church: _____

Spouse Date of Birth: _____

Date Baptized: _____ Church: _____

Date Confirmed: _____ Church: _____

Children's Names	Date of Birth	Date Baptized	Date Confirmed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NEW MEMBER INFORMATION cont.

Where did you last attend church?

Address: _____

If this is an Episcopal Church, you may wish to request a letter of transfer.

Are there any skills and/or interests you would like to share with us?
