

# MEMBERSHIP FORM / ST. PETER & ST. PAUL – 2003

Please complete and return to the Church Office, or fax to (770)565-4028

<i>For Office Use Only</i>	
Member Form:	_____
Transfer Letter:	_____
Posted in ACS:	_____

FAMILY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Last name only/ please print)

ADDRESS: \_\_\_\_\_  
(City) (State) (Zip)

HOME PHONE: \_\_\_\_\_ Unlisted?  Yes  No

**ADULT 1:**  Male  Female BIRTH DATE: \_\_\_\_\_ ATTENDING SINCE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

BUSINESS: \_\_\_\_\_  
(Business Name) (Type/Position) (Bus. Phone and/or Fax)

MARITAL STATUS:  Married  Single  Divorced  Widowed

IF MARRIED: Anniversary Date: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

BAPTIZED:  Yes  No DATE: \_\_\_\_\_

DENOMINATION & PLACE: \_\_\_\_\_

CONFIRMED EPISCOPALIAN:  Yes  No DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

SHOULD WE REQUEST YOUR LETTER OF TRANSFER FROM YOUR MEMBERSHIP CHURCH?  
 Yes  No *If yes, please provide the name and address of your membership Church so we may request a transfer letter (please give name of church if different from above)* \_\_\_\_\_

BY THE END OF THE CURRENT YEAR, WILL YOU HAVE RECEIVED COMMUNION AT ST. PETER AND ST. PAUL AT LEAST 3 TIMES?  Yes  No

**ADULT 2:**  Male  Female BIRTH DATE: \_\_\_\_\_ ATTENDING SINCE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

BUSINESS: \_\_\_\_\_  
(Business Name) (Type/Position) (Bus. Phone and/or Fax)

MARITAL STATUS:  Married  Single  Divorced  Widowed

IF MARRIED: Anniversary Date: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

BAPTIZED:  Yes  No DATE: \_\_\_\_\_

DENOMINATION & PLACE: \_\_\_\_\_

CONFIRMED EPISCOPALIAN:  Yes  No DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

SHOULD WE REQUEST YOUR LETTER OF TRANSFER FROM YOUR MEMBERSHIP CHURCH?  
 Yes  No *If yes, please provide the name and address of your membership Church so we may request a transfer letter (please give name of church if different from above)* \_\_\_\_\_

BY THE END OF THE CURRENT YEAR, WILL YOU HAVE RECEIVED COMMUNION AT ST. PETER AND ST. PAUL AT LEAST 3 TIMES?  Yes  No

**PLEASE COMPLETE THE FOLLOWING FORM FOR  
ALL CHILDREN LIVING IN YOUR HOUSEHOLD**

---

---

**CHILD 1:**  Male  Female BIRTH DATE: \_\_\_\_\_ ATTENDING SINCE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

COLLEGE ADDRESS: \_\_\_\_\_

BAPTIZED:  Yes  No DATE: \_\_\_\_\_

DENOMINATION & PLACE: \_\_\_\_\_

CONFIRMED EPISCOPALIAN:  Yes  No

DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

BY THE END OF THE CURRENT YEAR, WILL THIS CHILD HAVE RECEIVED COMMUNION AT  
ST. PETER AND ST. PAUL AT LEAST 3 TIMES?  Yes  No

---

---

**CHILD 2:**  Male  Female BIRTH DATE: \_\_\_\_\_ ATTENDING SINCE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

COLLEGE ADDRESS: \_\_\_\_\_

BAPTIZED:  Yes  No DATE: \_\_\_\_\_

DENOMINATION & PLACE: \_\_\_\_\_

CONFIRMED EPISCOPALIAN:  Yes  No

DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

BY THE END OF THE CURRENT YEAR, WILL THIS CHILD HAVE RECEIVED COMMUNION AT  
ST. PETER AND ST. PAUL AT LEAST 3 TIMES?  Yes  No

---

---

**CHILD 3:**  Male  Female BIRTH DATE: \_\_\_\_\_ ATTENDING SINCE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

COLLEGE ADDRESS: \_\_\_\_\_

BAPTIZED:  Yes  No DATE: \_\_\_\_\_

DENOMINATION & PLACE: \_\_\_\_\_

CONFIRMED EPISCOPALIAN:  Yes  No

DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

BY THE END OF THE CURRENT YEAR, WILL THIS CHILD HAVE RECEIVED COMMUNION  
IN ST. PETER AND ST. PAUL AT LEAST 3 TIMES?  Yes  No