

**CALVARY EPISCOPAL CHURCH  
MEMBERSHIP INFORMATION FORM**



Date \_\_\_\_\_

**Adults in Household:**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Baptized: \_\_\_\_\_ Church: \_\_\_\_\_

Date Confirmed: \_\_\_\_\_ Church: \_\_\_\_\_

Current Marital Status: Married Partnered Single Divorced Widowed

Date of Marriage: \_\_\_\_\_

Spouse or Partner: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Baptized: \_\_\_\_\_ Church: \_\_\_\_\_

Date Confirmed: \_\_\_\_\_ Church: \_\_\_\_\_

**Contact:**

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell phone number(s): \_\_\_\_\_

E-Mail Address(s): \_\_\_\_\_  
(Home/ Work)

Include in Directory? Cell \_\_\_\_yes \_\_\_\_no email \_\_\_\_yes \_\_\_\_no

**Children:**

| 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?

---

---

---