



# St. Edward's Episcopal Church

737 Moon Road Lawrenceville, GA 30046

770-963-6128 \* [www.stedwardsonline.org](http://www.stedwardsonline.org)

## *Family Membership Information Form*

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

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

Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Please check one: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widow/Widower: \_\_\_\_\_

If married, please give date of marriage: \_\_\_\_\_ (If yes, please see next page)

I am Baptized: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

I am Confirmed: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date of Confirmation: \_\_\_\_\_

I am currently a member of a Church: No: \_\_\_\_\_ Yes: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address of Church: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Country: \_\_\_\_\_

*I request my letter of membership be transferred to St. Edward's:* Yes: \_\_\_\_\_

*I wish to become a member of St. Edward's:* Yes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are married, please fill this section:**

Name of partner: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

City & Country of Birth: \_\_\_\_\_

I am Baptized: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

I am Confirmed: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date of Confirmation: \_\_\_\_\_

I am currently a member of a Church: No: \_\_\_ Yes: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address of Church: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Country: \_\_\_\_\_

*I request my letter of membership be transferred to St. Edward's: Yes: \_\_\_*

*I wish to become a member of St. Edward's: Yes: \_\_\_*

**If you have children under age of 16 years who live with you, please fill this section (Please place additional names on a blank sheet of paper and attach it to this form. Thank you.):**

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

Baptized: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Confirmed: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Confirmation: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address of Church: \_\_\_\_\_

=====

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

Baptized: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Confirmed: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Confirmation: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address of Church: \_\_\_\_\_