

St. Edward's Episcopal Church

737 Moon Road Lawrenceville, GA 30046 770-963-6128 * www.stedwardsonline.org

Family Membership Information Form

Head of Family: (Spouse/Partner & Children Information on back of form. Thank you!)

FULL Name:	
Address:	
Apartment Number:	
City:	
Cell Phone: Home Phone	ne:
Email:	
FULL Date of Birth:	
City of Birth:Country of Birth	1:
Please check one: Single: Married: Divor	ced: Widow/Widower:
If married, please give date of marriage:	(If yes, please see back page
I am Baptized: Yes: No: FULL Date	e of Baptism:
I am Confirmed: Yes: No: FULL Date of C	Confirmation:
I am currently a member of a Church: No: Yes: Den	omination:
Name of Church:	
Address of Church:	
City:	
Country:	
I request my letter of membership be transferred to St. Edward	d's: Yes: No:
I wish to become a member of St. Edward's: Yes: N	Vo:
I wish to talk with a Priest about Baptism: Yes: N	Vo:
I wish to talk with a Priest about Confirmation, Reception or Re	eaffirmation: Yes: No:
Signature ⁻	Date:

Spouse or Partner, please fill this section:

ULL Name of Spou	ise or Pa	rtner:	
Cell Phone:			
ULL Date of Birth:			Gender:
City & Country of Bir	th:		
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onfirmed: Yes	No	FULL Date of Confirmation:	Denomination:
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City:			Zip code:
Country:			
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	nember o	f St. Edward's: Yes: No:	
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