



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: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____

FULL 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 back page)

I am Baptized: Yes: _____ No: _____ FULL Date of Baptism: _____

I am Confirmed: Yes: _____ No: _____ FULL Date of Confirmation: _____

I am currently a member of a Church: No: _____ Yes: _____ Denomination: _____

Name of Church: _____

Address of Church: _____

City: _____ Zip code: _____

Country: _____

I request my letter of membership be transferred to St. Edward's: Yes: _____ No: _____

I wish to become a member of St. Edward's: Yes: _____ No: _____

I wish to talk with a Priest about Baptism: Yes: _____ No: _____

I wish to talk with a Priest about Confirmation, Reception or Reaffirmation: Yes: _____ No: _____

Signature: _____ Date: _____

Spouse or Partner, please fill this section:

FULL Name of Spouse or Partner: _____

Cell Phone: _____

FULL Date of Birth: _____ Gender: _____

City & Country of Birth: _____

Baptized: Yes: _____ No: _____ **FULL** Date of Baptism: _____ Denomination: _____

Confirmed: Yes _____ No _____ **FULL** Date of Confirmation: _____ Denomination: _____

I am currently a member of a Church: No: _____ Yes: _____ Denomination: _____

Name of Church: _____

Address of Church: _____

City: _____ Zip code: _____

Country: _____

I request my letter of membership be transferred to St. Edward's: Yes: _____ No: _____

I wish to become a member of St. Edward's: Yes: _____ No: _____

If you have children under age of 18 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.):

FULL Name _____ **FULL** Date of Birth: _____

Baptized: Yes: _____ No: _____ **FULL** Date of Baptism: _____ Denomination: _____

Confirmed: Yes _____ No _____ **FULL** Date of Confirmation: _____ Denomination: _____

Name of Church: _____

Address of Church: _____

=====

FULL Name: _____ **FULL** Date of Birth: _____

Baptized: Yes: _____ No: _____ **FULL** Date of Baptism: _____ Denomination: _____

Confirmed: Yes _____ No _____ **FULL** Date of Confirmation: _____ Denomination: _____

Name of Church: _____

Address of Church: _____
