

# St. Edward's Episcopal Church



737 Moon Road Lawrenceville, GA 30046  
770-963-6128 \* [www.stedwardsonline.org](http://www.stedwardsonline.org)

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:

Date of Birth:                      City of Birth:                      Country of Birth:

If married, please give date of marriage:

I am Baptized: Yes No      Date of Baptism                      Denomination

I am Confirmed: Yes No      Date Confirmed                      Denomination

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

Name of Church:

Address of Church:

City    State                      Country                      Zip Code

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

I request my letter of membership be transferred to St. Edward's:

Emergency Contact: Name                      Phone:                      Date:

Signature:

Over

# Family Information

Name of Partner:

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

Date of Birth \_\_\_\_\_ City, State & Country of Birth \_\_\_\_\_

If you have children under the age of 18 who live with you, please fill this section.

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

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

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

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

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

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

*If necessary, attach additional pages*