

St. Francis' Information Form

Last Name(s) Home Phone

Address City State Zip

E-Mail Address(es)

Cell Phone (Name) Cell Phone (Name)

Prefix/Title	First & Middle Name	Date of Birth	Date of Baptism	Date of Confirmation	Former Denomination	Date of Marriage/ Civil Union
	Children:					Grade Level

If formerly member(s) of another Episcopal Parish, please give Church name and address:

It is customary when moving from one Episcopal Parish to another to have a *Letter of Transfer* sent from the former parish to the new parish. Our Church office will, with your consent, request a *Letter of Transfer* from your former parish. **I do _____ do not _____ give my consent to request a *Letter of Transfer* from my former parish.**

If you have been baptized in another Christian Church, you may become a Baptized member of the Episcopal Church by having your Baptism recorded in an Episcopal Parish. We invite you to become a Baptized member of St. Francis'. **Please enroll me as a Baptized member of St. Francis'. Yes _____ No _____.**

Those joining the Episcopal Church from other denominations are also urged to receive instruction in the Christian faith as it is lived in the Episcopal Church, and then to reaffirm their faith by being Confirmed or Received when the Bishop makes a Visitation to the Parish. We hope you will participate in the Rector's classes in preparation for the Bishop's next visit. An invitation will be sent to you before the next series begins.

We welcome newcomers into our Parish by printing their name, address and telephone number in our newsletter, *The Communiqué*.

Please indicate how you would like to be listed:

Full Listing _____

Partial Listing (omit phone number) _____ and/or (omit e-mail address) _____.

Would you like to receive *The Communiqué* electronically _____ or in hard copy _____ ?

The Rector would like to visit with you to become better acquainted and to answer any questions you may have about St. Francis'. Please indicate if you would like a visit.

Yes _____ Not at this time _____.

I would like information about:

_____ Acolytes
_____ Altar Guild
_____ Baptism
_____ Choir
_____ Church School
_____ Coffee Hour
_____ Other:

_____ Confirmation
_____ Lectors
_____ Nursery
_____ Outreach Programs
_____ Ushers
_____ Youth Group

There is a sick or shut-in member of our household who would like to be visited regularly.

Name of sick/shut-in: _____ . Would he/she like to receive Communion? Yes _____ No _____

I have the following skills and would like to share them in the Church:

Please give us any other information you would like the Rector to know about you or your family.

Date Received: _____