

FAMILY INFORMATION / TRANSFER REQUEST

HEAD OF HOUSEHOLD: Today's date: _____

Name: _____ Sex M F
last first middle

Street Address _____ Apt # _____
City State Zipcode

Telephone (Home) _____ (Work) _____

Email (Home) _____ (Work) _____

Date of Birth _____ Preferred Name _____

Baptized Yes No If so, what church, where & when? _____

Confirmed Yes No If so, what church, where & when? _____

Where is his/her present church membership? _____

Do you wish his/her membership to be transferred to St. Paul's? Yes No Please initial _____

What is your occupation? _____

What are your hobbies/interest? _____

Anything else we should know about your family? _____

SPOUSE

Name: _____
last first middle

Telephone (Home) _____ (Work) _____

Email (Home) _____ (Work) _____

Date of Birth _____ Preferred Name _____

Baptized Yes No If so, what church, where & when? _____

Confirmed Yes No If so, what church, where & when? _____

Where is his/her present church membership? _____

Do you wish his/her membership to be transferred to St. Paul's? Yes No Please initial _____

What is your occupation? _____

What are your hobbies/interest? _____

Anything else we should know about your family? _____

OTHER FAMILY MEMBERS LIVING AT HOME

Name: _____ Sex M F
last first middle

Telephone (Home) _____ (Work) _____

Date of Birth _____ Preferred Name _____

Baptized Yes No If so, what church, where & when? _____

Confirmed Yes No If so, what church, where & when? _____

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Do you wish his/her membership to be transferred to St. Paul's? Yes No Please initial _____

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