



NEW MEMBER INFORMATION

Date _____

Please indicate the Sunday service that you usually attend: 7:30 8:30 11:00

First Name _____ Last Name _____

Maiden Name (if applicable) _____

Mailing Address _____ City _____ State _____ Zip _____

Alternate Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Work Phone _____

May we add your email address to the parish distribution list? Yes _____ No _____

Please note: Your personal information is never sold to or shared with outside agencies or the general public. Contact information is listed in the parish internal database, and provided to the office of Diocese of the Rio Grande for Diocesan records.

May we include your contact information in the parish directory? Yes _____ No _____

Date of Birth _____ Date of Baptism (if known) _____

Place of Birth _____ Denomination _____

Have you been confirmed or received in the Episcopal Church? Yes _____ No _____

If so, please provide name, city, and state of church: _____

May we send for a Letter of Transfer from your current parish? Yes _____ No _____

If so, please provide name of church, mailing address, and contact name (if known): _____

Spouse's Name _____ Date of Marriage _____

(Spouses, please complete separate forms)

Child's Name _____ Date of Birth _____ Date of Baptism _____ Living at home? _____

Please return completed forms to the Parish office, or via email (Word or PDF format only) to:
donna@holyfaithchurchsf.org

For Internal Use:	<input type="checkbox"/> Pastoral Contact	<input type="checkbox"/> Letter of Transfer	<input type="checkbox"/> Email List (if applicable)
	<input type="checkbox"/> Parish Database	<input type="checkbox"/> Parish Registry	<input type="checkbox"/> Letter

7.1.15 rev.