



## NEW MEMBER INFORMATION

Please complete a separate form  
for each spouse/partner to be enrolled

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 Episcopal parish? Yes \_\_\_\_ No \_\_\_\_

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

Spouse's Name \_\_\_\_\_ Date of Marriage \_\_\_\_\_

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@holymfaithchurchsf.org](mailto:donna@holymfaithchurchsf.org)**

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