



St. Paul's Episcopal Church

Membership Form

After completing this form, please return it to the church office.

NAME AND DATE OF BIRTH

First Name	Last Name
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Date of Birth

ADDRESS & CONTACT INFORMATION

Street	Apt. #
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City	Zip Code
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Preferred Phone Number	Email
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If you have been baptized, please provide the place and date of baptism

Name of Church	City and State	Date
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If you have been confirmed, please provide the place and date of confirmation

Name of Church	City and State	Date
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If you were a member of another church before coming to St. Paul's, please provide the name and address of your previous church home

Name of Church	Address
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