

Information and Membership Form

Please return completed form to one of the clergy.

Full Name			Today's Date			
Address			City	Stat	te	Zip
Home Phone		Cell Phone		_ Work Phone		
Email				Birt	thdate	
Marital Status		Wedding Anniver	sary			
Baptized? Yes	Date	Church Baptized				Wish to be?
Confirmed? Yes	Date	Church Confirmed				Wish to be?
Do you wish to have	your name, a	nddress, phone number and	email published in	n our Parish Direc	ctory?	YesNo
How did you find ou	t about Epipl	nany?				
Skills/Talents that yo	ou and/or you	r family have:				
Spouse (if application	•					
Name				Birtl	hdate	
Cell Phone		Work Phone	Email			
Baptized? Yes	Date	Church Baptized				_ Wish to be?
Confirmed Yes	_ Date	Church Confirmed_				_Wish to be?
Children Under	The Age o	£ 10				
Children Under	Ü			D' d L	C.	
Child I Full Name:				Birthdate	Cu	rrent Grade
Baptized? Yes	Date	Church Baptized				Wish to be?
Confirmed? Yes	Date	Church Confirmed				Wish to be?
						(Continued on back)
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Family's Last Name	
Child 2 Full Name:	BirthdateCurrent Grade
Baptized? YesDateChurch Baptiz	zedWish to be?
Confirmed? Yes Date Church Confi	irmedWish to be?
Child 3 Full Name:	BirthdateCurrent Grade
Baptized? YesDateChurch Baptiz	zedWish to be?
Confirmed? Yes Date Church Confi	irmedWish to be?
Child 4 Full Name:	BirthdateCurrent Grade
Baptized? YesDateChurch Baptiz	zedWish to be?
Confirmed? Yes Date Church Confi	irmedWish to be?
Child 5 Full Name:	BirthdateCurrent Grade
Baptized? YesDateChurch Baptiz	zedWish to be?
Confirmed? Yes Date Church Confi	firmedWish to be?
Members of Epiphany are expected to: 1. Attend Epiphany worship services regically to support the mission 3. Be involved in ministry at Epiphany 4. Participate in Epiphany's Annual Meem Would you like to become a member?	n of Epiphany ting
Previous Church Attended?	
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