



St. Gabriel's Episcopal Church Membership Form

Please fill out **ONE form for each individual (each family member)**. Attach the forms for all members of the same household together. Please provide all **requested** information.

I am completing this form for (check one) Membership Baptism Confirmation Other

INFORMATION FOR PARISH REGISTER AND DATABASE

Full Name: _____ Title: Mr. Mrs. Ms.

Preferred First Name: _____ Male Female

Preferred Household Mailing Address: _____

City: _____ State: _____ Zip (+ 4 if known) _____

Phones#: Home: _____ Work: _____

Cell: _____ Can Receive Text: Yes No

Email(s): _____

Marital Status: Single Married Partnered Divorced Separated Widowed

Date of Birth: _____ Place of Birth: _____

Veteran Yes No Date of Marriage _____

Previous Religious Affiliation(s) _____

Occupation: _____

Check as many as apply, and give as many supporting details as you can:
(If information is unavailable, give the information you know, i.e. year of baptism, if not date; state, if not town)

I have been baptized. Yes No Date of Baptism: _____

Name, Denomination, and Location of church: _____

I have been confirmed/received in the Episcopal Church: Yes No

Date of Confirmation: _____ Name and location of church: _____

I have been confirmed in another tradition. Denomination: _____

I wish to transfer my membership from another Episcopal church [Name and location of church]:

Signature: _____ Date: _____

(required to transfer records)