



Membership Information Form

This form can be used for a number of things—

- ▶ Correct directory information
- ▶ Provide additional directory/computer information
- ▶ Provide information about how you joined All Saints'
- ▶ Request transfer of your membership into All Saints'

Full Name _____
 Address _____
 Mail to address (if different) _____
 Phones: Home _____ Cell _____ Work _____
 Email Address: _____
 Date of Birth _____ Place (City/State) _____
 Date of Baptism _____ Church/City _____
 Date of Confirmation _____ Church/City _____
 Date of Marriage _____

If you **are a member** of All Saints', how did you become a member?
 Confirmed Registered Baptism
 Received from (Church/City) _____
 Transferred from _____ Date _____

If you **are not a member**, and would you like to:
 Transfer from (Church/City) _____
 Be confirmed

Spouse's Full Name _____
 Maiden Name _____
 Cell _____ Work _____
 Email Address _____
 Date of Birth _____ Place (City/State) _____
 Date of Baptism _____ Church/City _____
 Date of Confirmation _____ Church/City _____
 Date of Marriage _____

If you **are a member** of All Saints', how did you become a member?
 Confirmed Registered Baptism
 Received from (Church/City) _____
 Transferred from _____ Date _____

If you **are not a member**, would you like to:
 Transfer from (Church/City) _____
 Be confirmed

Please enter additional family members on reverse side.

CHILDREN:

Full Name _____
Date of Birth _____ Place (City/State) _____
Date of Baptism _____ Church/City _____
Date of Confirmation _____ Church/City _____

Full Name _____
Date of Birth _____ Place (City/State) _____
Date of Baptism _____ Church/City _____
Date of Confirmation _____ Church/City _____

Full Name _____
Date of Birth _____ Place (City/State) _____
Date of Baptism _____ Church/City _____
Date of Confirmation _____ Church/City _____

Full Name _____
Date of Birth _____ Place (City/State) _____
Date of Baptism _____ Church/City _____
Date of Confirmation _____ Church/City _____

OTHERS IN HOUSEHOLD:

Full Name _____
Work Phone _____ Email Address _____
Date of Birth _____ Place (City/State) _____
Date of Baptism _____ Church/City _____
Date of Confirmation _____ Church/City _____
Date of Marriage _____

If you **are a member** of All Saints?, how did you become a member?

____ Confirmed ____ Registered Baptism
____ Received from (Church/City) _____
____ Transferred from _____ Date _____

If you **are not a member**, would you like to:

____ Transfer from (Church/City) _____
____ Be confirmed