

ST. JOHN'S EPISCOPAL/ANGLICAN CHURCH

Mount Rainier, MD

MEMBERSHIP REGISTRATION FORM

Today's Date

MONTH DAY YEAR

Household address

City/state/Zip code

Telephone number(s) (If work or cell number, please indicate)

E-Mail I would prefer to receive the parish newsletter, "The Banner", via: US Mail E-Mail

Please list below all residents of this household who wish to join St. John's Church

1 Name

Date of birth MONTH DAY YEAR City & country of birth

Baptized? (YES / NO) (If yes) church where baptized Date of baptism MONTH DAY YEAR

Confirmed? (YES / NO) (If yes) where confirmed Date of confirmation MONTH DAY YEAR

2 Name

Date of birth MONTH DAY YEAR City & country of birth

Baptized? (YES / NO) (If yes) church where baptized Date of baptism MONTH DAY YEAR

Confirmed? (YES / NO) (If yes) where confirmed Date of confirmation MONTH DAY YEAR

Relationship to first member

For married couples: date & place of marriage

Name and address of the church where you are a current member:

Blank lines for church name and address

Would you like us to request a Letter of Transfer from the church where you are currently a member? (YES / NO) If you say "NO", please state the reason and the Priest-in-Charge will contact you.

Blank lines for response to Letter of Transfer question

Note: A Letter of Transfer is normally required for you to be considered a member of this Parish if your current church is in the United States.

(Use other side to list children and/or other household members who are joining St. John's)

3 Name

GENDER
M F

Date of birth

MONTH	DAY	YEAR
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City & country of birth _____

Baptized? (YES / NO)

(If yes) church where baptized

Date of baptism

MONTH	DAY	YEAR
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Confirmed? (YES / NO)

(If yes) where confirmed

Date of confirmation

MONTH	DAY	YEAR
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Relationship to first member _____

4 Name

GENDER
M F

Date of birth

MONTH	DAY	YEAR
-------	-----	------

City & country of birth _____

Baptized? (YES / NO)

(If yes) church where baptized

Date of baptism

MONTH	DAY	YEAR
-------	-----	------

Confirmed? (YES / NO)

(If yes) where confirmed

Date of confirmation

MONTH	DAY	YEAR
-------	-----	------

Relationship to first member _____

5 Name

GENDER
M F

Date of birth

MONTH	DAY	YEAR
-------	-----	------

City & country of birth _____

Baptized? (YES / NO)

(If yes) church where baptized

Date of baptism

MONTH	DAY	YEAR
-------	-----	------

Confirmed? (YES / NO)

(If yes) where confirmed

Date of confirmation

MONTH	DAY	YEAR
-------	-----	------

Relationship to first member _____

6 Name

GENDER
M F

Date of birth

MONTH	DAY	YEAR
-------	-----	------

City & country of birth _____

Baptized? (YES / NO)

(If yes) church where baptized

Date of baptism

MONTH	DAY	YEAR
-------	-----	------

Confirmed? (YES / NO)

(If yes) where confirmed

Date of confirmation

MONTH	DAY	YEAR
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Relationship to first member _____