

St. Philip's Episcopal Church Information Sheet

Please use a separate column for each person.

Name	Name
Address	
City	Zip Code
Marital Status (circle)	
Married Single Divorced Widow/Widower	
Phone #	
Email	
Would you like to join St. Philip's Church? Yes No	
If Yes, please complete the following:	
If transferring, Name, Address of previous congregation	
Would you like to receive the weekly Enews (email required)	

Date and Place of Birth	
Date and Place of Baptism	
Date and Place of Confirmation/Reception (if applicable)	
Wedding Anniversary Date (if applicable)	

Do you have any questions or concerns?

What would you like the priest to know about you?