



ST. PETER'S
EPISCOPAL CHURCH
Greenville, South Carolina

INFORMATION SHEET

Date: _____

☐ I /We would like to join St. Peter's

Would you like for us to send a transfer letter to your previous church? Yes _____ No _____

Previous church _____

Address _____ City _____ State _____ Zip _____

Name(s) of persons joining: _____

☐ I am not ready to join but would like to receive communications from St. Peter's

☐ We would like name tag(s) Cost per name tag is \$10.00

Last Name: _____

First Name: _____ Middle Name: _____

Address: _____

Mobile Phone: _____ Home Phone: _____

Email: _____

DOB: _____ Baptism date: _____ Confirmation date: _____

Occupation: _____ Business Phone: _____

Spouse's First Name: _____ Middle Name: _____ Last Name: _____

Mobile Phone: _____

Email: _____

DOB: _____ Baptism Date: _____ Confirmation Date: _____

Occupation: _____ Business Phone: _____

Wedding Anniversary: _____

Children living at home:

Child's name: _____ DOB: _____ Baptism date: _____ Confirmation date: _____

Child's name: _____ DOB: _____ Baptism date: _____ Confirmation date: _____

Child's name: _____ DOB: _____ Baptism date: _____ Confirmation date: _____

Child's name: _____ DOB: _____ Baptism date: _____ Confirmation date: _____

In what areas of parish life are you particularly interested: _____

Personal/family hobbies and talents: _____