

St. Paul's Membership Information

	Adult	Adult
Title: (circle one)	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____
Full Name: (first, middle, last)		
Preferred or Nickname:		
Gender: (check one)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Birth Date: (yr. optional)	Date: _____	Date: _____
Baptized:	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____ Denomination: _____ Church/Location: _____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____ Denomination: _____ Church/Location: _____
Confirmed:	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____ Denomination: _____ Church/Location: _____	yes <input type="checkbox"/> no <input type="checkbox"/> Date: _____ Denomination: _____ Church/Location: _____
Wedding Anniversary:	Date: _____ (yr. optional)	
Street Address, City, State & Zip:		
Home Phone:	() Private? <input type="checkbox"/>	() Private? <input type="checkbox"/>
Cell Phone:	() Private? <input type="checkbox"/>	() Private? <input type="checkbox"/>
Work Phone:	() Private? <input type="checkbox"/>	() Private? <input type="checkbox"/>
Email:	Private? <input type="checkbox"/>	Private? <input type="checkbox"/>
E-mail Newsletter:	May we send it to you? yes <input type="checkbox"/> no <input type="checkbox"/>	May we send it to you? yes <input type="checkbox"/> no <input type="checkbox"/>
Date you joined St. Paul's:	Date: _____ (estimate)	Date: _____ (estimate)
Emergency Contact: Name Address Phone # Relationship		
Additional Information:		

• May we include your contact information in our parish directory? yes no
 (name, address, phone, e-mail) (The information above marked "private" will not be included.)

• May we include your special days in our Sunday bulletin? yes no
 (birthday and anniversary dates)

Child Name: (first, middle, last)	Birth Date	Gender	Baptized	Confirmed
	Date: _____	M <input type="checkbox"/> F <input type="checkbox"/>	yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____
	Date: _____	M <input type="checkbox"/> F <input type="checkbox"/>	yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____
	Date: _____	M <input type="checkbox"/> F <input type="checkbox"/>	yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____
	Date: _____	M <input type="checkbox"/> F <input type="checkbox"/>	yes <input type="checkbox"/> Date: _____	yes <input type="checkbox"/> Date: _____