



St. Peter's Episcopal Church Member Information Form

Please complete the following information form and return it to the Church Office.
This form can be returned by mail, fax, email, or in person at Church of Sundays. **Please print legibly.**

Family Last Name: _____

Address: _____ City/State: _____ Zip: _____

Home Telephone: _____ Household email: _____

Adult Information

Title: _____ Name: (Full first) _____ (middle) _____

(maiden) _____ (last) _____ (suffix) _____

(nickname/preferred name) _____ Date of Birth: _____

Baptized? ☐ Yes ☐ No Date if known: _____

Confirmed? ☐ Yes ☐ No Date if known: _____

Married? ☐ Yes ☐ No Date: _____

Personal email: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

☐ Please sign me up for St. Peter's weekly E-Newsletter at this email!

Title: _____ Name: (Full first) _____ (middle) _____

(maiden) _____ (last) _____ (suffix) _____

(nickname/preferred name) _____ Date of Birth: _____

Baptized? ☐ Yes ☐ No Date if known: _____

Confirmed? ☐ Yes ☐ No Date if known: _____

Married? ☐ Yes ☐ No Date: _____

Personal email: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

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Children Information

Please fill out the following information for children living at home. Any grown/away children (those who no longer live at your address) should complete a form for their household.

Child: Name: (full first)_____ (middle)_____ (last)_____ (suffix)_____
(nickname/preferred name)_____ Birth date:_____ Grade Entering: _____
Baptized? ___Yes___No Place baptized:_____ Date if known: _____
Confirmed?___Yes___No Place confirmed:_____ Date if known: _____

Child: Name: (full first)_____ (middle)_____ (last)_____ (suffix)_____
(nickname/preferred name)_____ Birth date:_____ Grade Entering: _____
Baptized? ___Yes___No Place baptized:_____ Date if known: _____
Confirmed?___Yes___No Place confirmed:_____ Date if known: _____

Child: Name: (full first)_____ (middle)_____ (last)_____ (suffix)_____
(nickname/preferred name)_____ Birth date:_____ Grade Entering: _____
Baptized? ___Yes___No Place baptized:_____ Date if known: _____
Confirmed?___Yes___No Place confirmed:_____ Date if known: _____

Child: Name: (full first)_____ (middle)_____ (last)_____ (suffix)_____
(nickname/preferred name)_____ Birth date:_____ Grade Entering: _____
Baptized? ___Yes___No Place baptized:_____ Date if known: _____
Confirmed?___Yes___No Place confirmed:_____ Date if known: _____

Child: Name: (full first)_____ (middle)_____ (last)_____ (suffix)_____
(nickname/preferred name)_____ Birth date:_____ Grade Entering: _____
Baptized? ___Yes___No Place baptized:_____ Date if known: _____
Confirmed?___Yes___No Place confirmed:_____ Date if known: _____

Thank you for your assistance in updating our records.