

Return this form to the church office.

**REQUEST FOR MEMBERSHIP**  
**St. Patrick's Episcopal Church**

Date \_\_\_\_\_

PLEASE PRINT FULL NAMES (Example: Jones, Cynthia Marie Smith)

Last Name, First, Middle , Maiden \_\_\_\_\_

Spouse \_\_\_\_\_ Does spouse/partner wish to join? YES NO

Names you go by \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone (s) \_\_\_\_\_ Unlisted? NO YES

Work Phone \_\_\_\_\_  
Unlisted? NO YES

Spouse/Partner Work Phone \_\_\_\_\_  
Unlisted? NO YES

Occupation \_\_\_\_\_

Spouse /Partner Occupation \_\_\_\_\_

Fax Phone \_\_\_\_\_  
Unlisted? NO YES

Spouse /Partner Fax Phone \_\_\_\_\_  
Unlisted? NO YES

Cell Phone \_\_\_\_\_  
Unlisted? NO YES

Spouse /Partner Cell Phone \_\_\_\_\_  
Unlisted? NO YES

Email \_\_\_\_\_  
Unlisted? NO YES (Use main address)

Spouse /Partner Email \_\_\_\_\_  
Unlisted? NO YES (Use Main Address)

Date of Birth \_\_\_\_\_

Spouse /Partner Date of Birth \_\_\_\_\_

Circle One:  
Single Married Partnered Divorced Widow Widower

Anniversary Date \_\_\_\_\_

**MEMBERSHIP STATUS**

(If you were Confirmed in another faith, you will be will be listed in our books as Baptized members until you attend the Inquirer's Class and are Received by the Bishop)

Your Name \_\_\_\_\_

Spouse /Partner Name \_\_\_\_\_

Denomination \_\_\_\_\_

Denomination \_\_\_\_\_

Dates Baptized & Confirmed (if Confirmed, denomination)  
\_\_\_\_\_

Dates Baptized & Confirmed (if Confirmed, denomination)  
\_\_\_\_\_

Name of Church where membership is located:  
\_\_\_\_\_

Name of Church where membership is located  
\_\_\_\_\_

If not Episcopal -  
Address \_\_\_\_\_

If not Episcopal -  
Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**PLEASE LIST CHILDREN ON THE BACK OF THIS FORM**  
*(Additional information may be put on another sheet and attached to this document.)*

**CHILDREN WHO WILL BE ATTENDING ST. PATRICK'S**

*(Please indicate if a child has a last name that is different from the family record name)*

*If your child has a Cell Phone or an Email Address, please include them in the space provided. Thank you!*

Child's Full Name \_\_\_\_\_ Denomination \_\_\_\_\_

Joining St. Patrick's? \_\_\_\_\_ Name of Church where membership is located \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ If not Episcopal - Address \_\_\_\_\_

Date Baptized \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Date Confirmed \_\_\_\_\_ \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Denomination \_\_\_\_\_

Joining St. Patrick's? \_\_\_\_\_ Name of Church where membership is located \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ If not Episcopal - Address \_\_\_\_\_

Date Baptized \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Date Confirmed \_\_\_\_\_ \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Denomination \_\_\_\_\_

Joining St. Patrick's? \_\_\_\_\_ Name of Church where membership is located \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ If not Episcopal - Address \_\_\_\_\_

Date Baptized \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Date Confirmed \_\_\_\_\_ \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**MEMBERSHIP CLASSIFICATION**

***BAPTIZED MEMBER:***

A Baptized person who has requested to become a member of record at this parish. (Baptized: Anyone who has received the Sacrament of Holy Baptism with water in the Episcopal or any other Christian Church, and whose Baptism has been recorded in the official records of this parish.)

***CONFIRMED COMMUNICANT:***

(Confirmed Episcopalian) A person who has requested membership in this parish and who has been either confirmed by a Bishop in the Episcopal church in this parish or who was confirmed in the Episcopal Church elsewhere and who has had his/her record transferred to this parish. A Confirmed Communicant in good standing may vote in Vestry elections, serve on Vestry, serve as Eucharistic Minister/Visitor, be a member of the Daughters of the King, serve on Altar Guild. If you were Confirmed in another faith, contact the church office for Inquirer's Class dates and Reception into the Episcopal Church (requires Reception by Bishop of Episcopal church.)

***NONMEMBER SPOUSE/PARTNER:***

Married to a St. Patrick's member and will be included in the Parish Directory.

***NONMEMBER FAMILY:***

Minor age children of a St. Patrick's member to be included in the Parish Directory.