ST. PAUL'S EPISCOPAL CHURCH

LETTER OF TRANSFER

PLEASE **PRINT** CLEARLY

We will gladly arrange to have your membership transferred from your previous church if you'd like. Please fill out the information below to help us do that for you:

Full Name:_____ Date of Birth: _____ _____ _____
MONTH DAY YEAR

Family Address: _____ _____ _____ _____
STREET CITY STATE ZIP

Phone:_____ _____ Email: _____

Names of other family members who wish to transfer (with birth dates):

Full Name:_____ Date of Birth: _____ _____ _____

Full Name:_____ Date of Birth: _____ _____ _____

Full Name:_____ Date of Birth: _____ _____ _____

Name of previous Church: _____

Address: _____ _____ _____ _____
STREET CITY STATE ZIP

Phone: _____ Contact Person: _____

Other Information you would like St. Paul's to know (ex: anniversary dates, other email addresses, work phone, cell phone, etc.)

_____

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