

ST. PAUL'S EPISCOPAL CHURCH

401 East Fourth Street
Greenville, NC 27858

PARISH FAMILY REGISTRATION FORM

Date: _____

Head of Household

Name: ___ Mr. ___ Mrs. ___ Ms. ___ Dr. _____
FIRST LAST

Address: _____
STREET CITY STATE ZIP

Home: () _____ Cell: () _____ Work: () _____

Email: _____ Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Religion: _____ Date of Baptism: _____ / _____ / _____
MONTH DAY YEAR

Will you be transferring to our Parish? YES _____ NO _____

- **YES:** If you would like to transfer your membership to St. Paul's Episcopal Church of Greenville, NC please fill out the attached "**LETTER OF TRANSFER**" so we can contact your last church.
- **NO:** You do not have to fill out the "**LETTER OF TRANSFER**". We do hope you consider it in the future.

Spouse (or Significant Other)

Wedding Anniversary (if applicable): _____ / _____ / _____
MONTH DAY YEAR

Name: ___ Mr. ___ Mrs. ___ Ms. ___ Dr. _____
FIRST LAST

Home: () _____ Cell: () _____ Work: () _____

Email: _____ Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Religion: _____ Date of Baptism: _____ / _____ / _____
MONTH DAY YEAR

Will you be transferring to our Parish? YES _____ NO _____

- **YES:** If you would like to transfer your membership to St. Paul's Episcopal Church of Greenville, NC please fill out the attached "**LETTER OF TRANSFER**" so we can contact your last church.
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(PLEASE CONTINUE OF THE OTHER SIDE OF THIS FORM)

ST. PAUL'S EPISCOPAL CHURCH

SIDE 2

Children under the age of 16 continued..

1) Name: _____ Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Grade: _____ School: _____ Date of Baptism: _____ / _____ / _____
MONTH DAY YEAR

2) Name: _____ Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Grade: _____ School: _____ Date of Baptism: _____ / _____ / _____
MONTH DAY YEAR

3) Name: _____ Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Grade: _____ School: _____ Date of Baptism: _____ / _____ / _____
MONTH DAY YEAR

4) Name: _____ Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Grade: _____ School: _____ Date of Baptism: _____ / _____ / _____
MONTH DAY YEAR

5) Name: _____ Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Grade: _____ School: _____ Date of Baptism: _____ / _____ / _____
MONTH DAY YEAR

6) Name: _____ Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Grade: _____ School: _____ Date of Baptism: _____ / _____ / _____
MONTH DAY YEAR

Fax form to: **(252) 830-0229** or mail to: **St. Paul's Episcopal Church**
ATTN: Church Secretary
P.O. Box 1924
Greenville, NC 27835