

HOUSEHOLD MEMBERSHIP FORM

Date: _____

Household name/s: _____

Home address: _____

City State Zip Code

Home phone: _____

Do you wish to stay on the St. Thomas's mailing list and continue to receive "The Carpenter?" _____
Yes or No

How would you like to be registered at St. Thomas's? As a Member: _____ As a Friend: _____

1. Full name (Ms., Mrs., Mr., etc.): _____

Maiden name (if applicable): _____

Status: Single: _____ Married: _____ Divorced: _____ Widowed: _____

Occupation: _____ Name of employer: _____

Business phone _____

Birthdate: Month: _____ Day: _____ Year: _____ Place: _____

Baptized? _____ Date: _____ Church: _____
Yes or No

Confirmed? _____ Date: _____ Church: _____
Yes or No

Previous church denomination, if not Episcopal: _____

2. Full name (Ms., Mrs., Mr., etc.): _____

Maiden name (if applicable): _____

Status: Single: _____ Married: _____ Divorced: _____ Widowed: _____

Occupation: _____ Name of employer: _____

Business phone _____

Birthdate: Month: _____ Day: _____ Year: _____ Place: _____

Baptized? _____ Date: _____ Church: _____
Yes or No

Confirmed? _____ Date: _____ Church: _____
Yes or No

Previous church denomination, if not Episcopal: _____

Relationship to person #1: _____

If married: When? _____ Where? _____

CHILDREN LIVING AT HOME

2005-2006

Full Name

Birthdate

Baptized (Date and Church)

Confirmed (Date and Church)

School and Grade

GROWN CHILDREN LIVING ELSEWHERE OR IN COLLEGE

2005-2006

Full Name

Birthdate

Baptized (Date and Church)

Confirmed (Date and Church)

School and Class

OTHER FAMILY MEMBERS LIVING WITH YOU

Name

Relationship

OTHER FAMILY MEMBERS WHO ATTEND ST. THOMAS'S

Name

Relationship
