

ST. JAMES' EPISCOPAL CHURCH NEWCOMER INFORMATION FORM

To continue to receive mailings from St. James' please return this form to the Church Office, or you may fold and drop it in the offering plate on Sunday Morning.

Full Name (Adult) _____ Birthdate _____

Goes by Name: _____

Full Name of Spouse/Partner (Adult) _____ Birthdate _____

Goes by Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone Number: _____

Your Work Number: _____ Spouse/Partner: _____

Your Fax Number: _____ Spouse/Partner: _____

Your Cell Number: _____ Spouse/Partner: _____

Your Email Address: _____ Spouse/Partner: _____

IF CHILDREN: (Please give name, sex & date of birth for each child)

Full Name _____ Sex _____ Birthdate _____

Goes by Name: _____

Goes by Name: _____

Goes by Name: _____

Goes by Name: _____

Goes by Name: _____

If you would like to transfer your membership to St. James' from another parish, please fill in the information below and return to Tammie Stephens at the Church Office.

Name of Parish transferring to St. James' from: _____

City: _____ State: _____ Diocese: _____