



# REGISTRATION FORM

Adult Full Name \_\_\_\_\_  
Preferred First Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Place \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

Adult Full Name \_\_\_\_\_  
Preferred First Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Place \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

-----the above lines are for adult household members; please include titles and suffixes-----

Mailing Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ If Seasonal, alt. address \_\_\_\_\_

Marriage Anniversary (if applicable) \_\_\_\_\_

- If you are Episcopalian (or ELCA Lutheran or Moravian), what parish would you like us to contact to arrange for your Letter of Transfer?

CHURCH/ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

- If you are a member of a another Christian Church and wish to be recorded as a member of the Church of the Messiah, who should we contact about your membership desires?

CHURCH/ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

*Those who are members of another Christian Churches will be invited to be confirmed or received into the Episcopal Church when our Bishop makes his next visit.*

- If you have never been baptized or affiliated with any Christian Church, would you like to be baptized into the Christian Faith?     YES     NO

## CHILDREN UNDER THE AGE OF 16 *please enter full name and (nickname)*

1) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Baptized: YES / NO

2) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Baptized: YES / NO

*(Feel free to attach additional sheets if your family is larger!)*

**YOUTH/YOUNG ADULTS 16 AND OLDER** *please enter full name and (nickname)*

1) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ School/College \_\_\_\_\_

Baptized: YES / NO                  Confirmed: YES / NO

2) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ School/College \_\_\_\_\_

Baptized: YES / NO                  Confirmed: YES / NO

*If you have been a member of an Episcopal Church, please tell us some of your activities. Were you in the choir? Did you serve on the Vestry? Did you teach? Were you an acolyte?*

---

---

---

---

---

---

---

---

---

---

*Is there other information which would be useful/helpful for us to know?*

---

---

---

---

---

---

---

---

*Please give this form to the Vicar or place it in the offering plate during Sunday services. Feel free to duplicate this form if needed. By registering in the parish, you are placed on our mailing list and will be included in all our communications. Welcome to our church family, where you are always welcome at the family table.*