

Grace Calvary Episcopal Church
 Membership Information for Church Records

Date:
 Recorded by:

If you are uncomfortable providing any information please leave the box blank.	Name:	Name:
Name: Title, First, Middle/Maiden, Last & Nickname		
Sex (circle):	Male Female	Male Female
Birthdate (year optional):		
Physical Address (City, State, Zip):		
Alternate or Mailing Address (City, State, Zip):		
Home Phone:		
Cell Phone:		
Work Phone:		
Email:		
Pager:		
Fax:		
Not in Household Emergency Contact & Phone Number:		
Marital Status:		
Anniversary Date:		

Grace Calvary Episcopal Church
Membership Information for Church Records

Date:
Recorded by:

Occupation or Former Occupation:		
Employer or Former Employer:		
Church Background:		
Sunday School Class:		
Baptized (date/place):		
Confirmed (date/place):		
Date Joined Grace-Calvary:		
Do you like Pets? Name of your pet(s).		
Favorite Flavor of Ice Cream:		
Favorite Disciple:		
Favorite Sport or Hobby:		
Favorite Bible Verse:		