

## ST AIDAN'S EPISCOPAL CHURCH MEMBER PROFILE

Please help our staff to serve you better by completing this form if you are new to our church family and would like to be included in our data base, or if you are a current member and your information has changed. Please return this form to St Aidan's office, or if tech savvy, scan and send as PDF to [office@staidansci.org](mailto:office@staidansci.org). Thank you.

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ (Likes to be called: \_\_\_\_\_)

Address: \_\_\_\_\_

City, State and ZIP: \_\_\_\_\_

Name of subdivision: \_\_\_\_\_

Home Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (include year) Place of Birth: City & State \_\_\_\_\_

Baptized? Y/N Date: \_\_\_\_\_ Church, City/State: \_\_\_\_\_

Confirmed/Received? Y/N Date: \_\_\_\_\_ Church, City/State: \_\_\_\_\_

Do you wish to be recognized as a member of St Aidan's Episcopal Church? Y/N

If yes, do you wish to transfer from another church? Y/N

If yes, name and city of previous church: \_\_\_\_\_

(Spouse) Full Name: \_\_\_\_\_ (Likes to be called: \_\_\_\_\_)

Anniversary: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (include year) Place of Birth: City & State \_\_\_\_\_

Baptized? Y/N Date: \_\_\_\_\_ Church, City/State: \_\_\_\_\_

Confirmed/Received? Y/N Date: \_\_\_\_\_ Church, City/State: \_\_\_\_\_

Do you wish to be recognized as a member of St Aidan's Episcopal Church? Y/N

If yes, do you wish to transfer from another church? Y/N

If yes, name and city of previous church: \_\_\_\_\_

Child's full name: \_\_\_\_\_

(Likes to be called: \_\_\_\_\_) Male/Female

Date of Birth: \_\_\_\_\_ (include year) Place of Birth: City & State \_\_\_\_\_

Baptized? Y/N Date: \_\_\_\_\_ Church, City/State: \_\_\_\_\_

Confirmed/Received? Y/N Date: \_\_\_\_\_ Church, City/State: \_\_\_\_\_

Child's full name: \_\_\_\_\_

(Likes to be called: \_\_\_\_\_) Male/Female

Date of Birth: \_\_\_\_\_ (include year) Place of Birth: City & State \_\_\_\_\_

Baptized? Y/N Date: \_\_\_\_\_ Church, City/State: \_\_\_\_\_

Confirmed/Received? Y/N Date: \_\_\_\_\_ Church, City/State: \_\_\_\_\_

**Child's full name:** \_\_\_\_\_

(Likes to be called: \_\_\_\_\_) Male/Female

Date of Birth: \_\_\_\_\_ (include year) Place of Birth: City & State \_\_\_\_\_

Baptized? Y/N Date: \_\_\_\_\_ Church, City/State: \_\_\_\_\_

Confirmed/Received? Y/N Date: \_\_\_\_\_ Church, City/State: \_\_\_\_\_

**Child's full name:** \_\_\_\_\_

(Likes to be called: \_\_\_\_\_) Male/Female

Date of Birth: \_\_\_\_\_ (include year) Place of Birth: City & State \_\_\_\_\_

Baptized? Y/N Date: \_\_\_\_\_ Church, City/State: \_\_\_\_\_

Confirmed/Received? Y/N Date: \_\_\_\_\_ Church, City/State: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

New Member or Parishioner Update (circle one)

FOR OFFICE USE ONLY	Entered in P.C.	New member #	Received Welcome Info
Initial and date			