



SAINT STEPHEN'S EPISCOPAL CHURCH

NEW MEMBER INFORMATION

Date _____

Family Name _____

Address _____

Phone (1) _____ (2) _____

Email _____

Primary Contact for the Household _____

	Name	Date of Birth	Date of Baptism If applicable
Member 1			
Member 2			
Member 3			
Member 4			
Member 5			
Member 6			

Additional information will be requested from the primary contact for complete Church Records