

New Member Form

If you are new to our parish and have decided to make Christ Church your home, please download and complete one form (on next page) for each member of your family.

You may return these either by

- **e-mailing to office@christchurchplymouth.org**
- **snail mailing to Christ Church**
- **placing in offering plate at church**

CHRIST CHURCH PARISH

149 Court Street
Plymouth, MA 02360
(508) 746-4959

BIOGRAPHICAL/NEW MEMBER/TRANSFER FORM

Please use a separate sheet for each person (including children) you wish to be affiliated with Christ Church Parish, Plymouth. PLEASE PRINT all information.

_____ I request that I be enrolled as a member of Christ Church Parish.

_____ I only want to be on the mailing list at this time.

DATE: _____

NAME _____
(first) (middle) (last)

ADDRESS _____
(street) (town) (state) (zip)

MAILING ADDRESS (if different) _____

E-MAIL ADDRESS _____

Home Telephone _____ Work Telephone _____

Birth Date _____ Birth Place _____
(month/date/year) (town/state)

Marital Status _____
(single/married/widowed)

Baptismal Date _____ Place _____
(month/date/year) (church/denomination/town/state)

Confirmation Date _____ Place _____
(month/date/year) (church/denomination/town/state)

Member? _____ How _____
(yes/no) (baptized/confirmed/transferred/received)

Would you like to transfer your membership from another Episcopal church to Christ Church?
If yes, the office will contact you.

Please include any other information you wish to share on the back or on a separate piece of paper.

For church use only: ACS ___/___/___

CUR ___/___/___