

# Saint Andrew's Parish Contact Information

Revised 01-29-2015

*How do I become a member of Saint Andrew's Episcopal Church? If you are new to the Episcopal Church and have already been baptized in another denomination, you may wish to renew your faith life. If this is the case you may be Received or Confirmed in the Episcopal Church rites which Saint Andrew's can help you learn about and discern whether they are appropriate for you. Wherever you come from and whatever your faith background, **the Episcopal Church welcomes you!***

**Confirmation/ Reception are not a prerequisite to membership. Membership is dependent on Baptism.**

**Note that confirmation or reception is NOT necessary before you can take communion, or participate in the life of the church.**

## **HEAD OF HOUSEHOLD** Information

**GIVEN NAME**: TITLE \_\_\_\_\_ FIRST \_\_\_\_\_ SUFFIX \_\_\_\_\_ MIDDLE \_\_\_\_\_

**PREFERRED NAME** \_\_\_\_\_ MAIDEN (if applicable) \_\_\_\_\_ LAST \_\_\_\_\_

ADDRESS: (include street and/or box number; town; zip code) \_\_\_\_\_

WEDDING ANNIVERSARY \_\_\_\_\_ (mm/dd/yyyy)

CONTACT INFORMATION: This information will be published in our in-house directory.

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ EXT \_\_\_\_\_

E-MAIL \_\_\_\_\_ CELL \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ (mm/dd/yyyy) PLACE OF BIRTH \_\_\_\_\_

BAPTIZED? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_ (mm/dd/yyyy)

CHURCH NAME AND ADDRESS WHERE BAPTIZED \_\_\_\_\_

CONFIRMED/RECEIVED in an Episcopal Church? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_ (mm/dd/yyyy)

CHURCH NAME AND ADDRESS WHERE CONFIRMED/RECEIVED \_\_\_\_\_

CONFIRMED in another DENOMINATION? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, which denomination \_\_\_\_\_

**(Please mark the appropriate choice)**

\_\_\_\_\_ I am currently a member of another Episcopal Church. I am requesting a "**Letter of Transfer**" of my membership from \_\_\_\_\_ which is located in \_\_\_\_\_ (church name, city and state).

\_\_\_\_\_ I **was** confirmed in another denomination and would like to be "**Received**" into The Episcopal Church. Contact me regarding the next available Confirmation class..

\_\_\_\_\_ I **was** baptized and **was not** confirmed in an Episcopal church or another church denomination and would like to be "**Confirmed**". Contact me regarding the next available Confirmation Class.

\_\_\_\_\_ I would like to become a member of Saint Andrew's "**On Request**" having been baptized with water in the name of the Trinity. I understand that this request has no church government voting privileges. I have the option to choose to become a voting member in the future by Reception or Confirmation.

\_\_\_\_\_ I am updating information.

**Please return this form to the church office.**

**Saint Andrew's Episcopal Church** 217 West 26<sup>th</sup> Street P.O. Box 405, Bryan, TX 77806-0405  
Phone: 979-822-5176 E-mail: [office@standrewsbcs.org](mailto:office@standrewsbcs.org) Website: [www.standrewsbcs.org](http://www.standrewsbcs.org)

**SPOUSE** Information

**GIVEN NAME**: TITLE \_\_\_\_\_ FIRST \_\_\_\_\_ SUFFIX \_\_\_\_\_ MIDDLE \_\_\_\_\_

**PREFERRED NAME** \_\_\_\_\_ MAIDEN (if applicable) \_\_\_\_\_ LAST \_\_\_\_\_

WEDDING ANNIVERSARY \_\_\_\_\_ (mm/dd/yyyy)

CONTACT INFORMATION: This information will be published in our in-house directory.

HOME \_\_\_\_\_ WORK \_\_\_\_\_ EXT \_\_\_\_\_

E-MAIL \_\_\_\_\_ CELL \_\_\_\_\_

**(Please mark the appropriate choice)**

\_\_\_\_\_ I am currently a member of another Episcopal Church. I am requesting a "**Letter of Transfer**" of my membership from \_\_\_\_\_ which is located in \_\_\_\_\_ (church name, city and state).

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\_\_\_\_\_ I am updating information.

BIRTH DATE \_\_\_\_\_ (mm/dd/yyyy) PLACE OF BIRTH \_\_\_\_\_

BAPTIZED? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_ (mm/dd/yyyy)

CHURCH NAME AND ADDRESS WHERE BAPTIZED \_\_\_\_\_

CONFIRMED/RECEIVED in an Episcopal Church? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_ (mm/dd/yyyy)

CHURCH NAME AND ADDRESS WHERE CONFIRMED/RECEIVED \_\_\_\_\_

CONFIRMED in another DENOMINATION? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, which denomination \_\_\_\_\_

**Adult children living with you need to complete a separate form.**

**CHILDREN** (under the age of 18 **that live with you**)

**GIVEN NAME**: FIRST \_\_\_\_\_ SUFFIX \_\_\_\_\_ MIDDLE \_\_\_\_\_

**PREFERRED NAME** \_\_\_\_\_ LAST \_\_\_\_\_

GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ (mm/dd/yyyy)

PLACE OF BIRTH \_\_\_\_\_

BAPTIZED? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_ (mm/dd/yyyy)

CHURCH NAME AND ADDRESS WHERE BAPTIZED \_\_\_\_\_

CONFIRMED/RECEIVED in an Episcopal Church? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_ (mm/dd/yyyy)

CHURCH NAME AND ADDRESS WHERE CONFIRMED/RECEIVED \_\_\_\_\_

CONFIRMED in another DENOMINATION? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, which denomination \_\_\_\_\_

**GIVEN NAME**: FIRST \_\_\_\_\_ SUFFIX \_\_\_\_\_ MIDDLE \_\_\_\_\_

**PREFERRED NAME** \_\_\_\_\_ LAST \_\_\_\_\_

GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ (mm/dd/yyyy)

PLACE OF BIRTH \_\_\_\_\_ BAPTIZED? \_\_\_\_\_ (mm/dd/yyyy)

CHURCH NAME AND ADDRESS WHERE BAPTIZED \_\_\_\_\_

CONFIRMED/RECEIVED in an Episcopal Church? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_ (mm/dd/yyyy)

CHURCH NAME AND ADDRESS WHERE CONFIRMED/RECEIVED \_\_\_\_\_

CONFIRMED in another DENOMINATION? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, which denomination \_\_\_\_\_