THE EPISCOPAL CHURCH OF THE TRANSFIGURATION

PO Box 1000, Vail, CO 81658
Phone 970-476-0618 Fax 970-476-3347

NAME 1)_____

2)_____

ADDRESS

Mailing_____

Physical_____

PHONE_____ FAX_____

EMAIL 1)_____ 2)_____

CELL 1) _____ 2)_____

ALTERNATE ADDRESS_____

PHONE_____

BIRTHDAY 1)_____ 2)_____

WEDDING ANNIVERSARY_____

EMPLOYMENT 1)_____ PHONE_____ FAX_____

EMPLOYMENT 2)_____ PHONE_____ FAX_____

BAPTISM DATE & PLACE

1)_____ 2)_____

EPISCOPAL CONFIRMATION DATE & PLACE

1)_____ 2)_____

NAME & MAILING ADDRESS OF PREVIOUS CHURCH
(we will request a transfer of your membership papers)

1)_____

2)_____

CHILD_____ Birthday_____

Baptism/Confirmation date(s) & place(s) _____

_____

CHILD_____ Birthday_____

Baptism/Confirmation date(s) & place(s)_____

_____

CHILD_____ Birthday_____

Baptism/Confirmation date(s) & place(s)_____

_____

SCHEDULED DATE OF INCORPOPRATION_____

SCHEDULED PLACE OF INCORPORATION_____

SEASONAL MEMBER OR FULL TIME MEMBER _____

May the Director of Children & Youth Ministries call you and /or your children with information about Christian Education? _____