

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 INCORPORATION _____

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? _____