



New Member Registration

Date of Completion: _____

Personal Information

Full Name: _____

Date of Birth (Month/Day/Year): _____

Place of Birth (City, State/Country): _____

Household Information

Full Name of Spouse/Partner: _____

If the spouse/partner desires to join as a member along with you, please complete two separate Registrations and return both. If not, please check here:

Full Names of Children (minors living at home)

First Name	Middle Name	Date of Birth

Contact Information

Home Street Address: _____

City, State, Zip Code: _____

Home Telephone (with Area Code): _____

Mobile Telephone (with Area Code): _____

E-mail Address 1: _____

E-mail Address 2: _____

Employer (former employer, if retired): _____

Occupation: _____

Work Telephone (with Area Code): _____

New Member Registration

Religious History

Have you been baptized in a Christian Church? Yes No

If yes, please indicate when and where below. If no, do you desire to be? (*circle one*)
Yes No Undecided at present

Date of Baptism: _____

Name and Denomination of Church: _____

City and State of Church: _____

Have you been confirmed or received in the Episcopal Church? Yes No

If yes, please indicate when and where below. If no, do you desire to be? (*circle one*)
Yes No Undecided at present

Were you confirmed or received? (*circle one*) Confirmation Reception

Date of Confirmation/Reception: _____

Name of Church: _____

City and State of Church: _____

Have you been a member of another Episcopal church within the past five years or are you currently a member of another church? Yes No

If yes, please indicate where below.

Name of Church: _____

Street Address of Church: _____

City, State, Zip Code of Church: _____

May we contact this church to request a Letter of Transfer? Yes No

I hereby enroll myself / my household (*circle one*) in the congregation of St. Paul's Cathedral, San Diego, California and agree to be listed in its directory of members.

(signature and date)