



THE FALLS CHURCH  
EPISCOPAL  
FOUNDED 1732

## Membership Form

Please fill out **one form for each individual**. Attach the forms for all members of the same household together. In order for the Parish records to be correct, please provide **all requested information** to the best of your knowledge.

I am completing this form for: ☐ Membership ☐ Baptism ☐ Confirmation ☐ Other (e.g., Reception)

Full Name: \_\_\_\_\_ ☐ Male ☐ Female

Preferred First Name: \_\_\_\_\_ Veteran: ☐ Yes ☐ No

Address: \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email(s): \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ (City and State)

☐ I am baptized. Date: \_\_\_\_\_ ☐ I do not remember.

Name, Denomination, & Location of Church: \_\_\_\_\_  
\_\_\_\_\_

☐ I have been confirmed/received in the Episcopal Church. Date: \_\_\_\_\_

Name, Denomination, & Location of Church: \_\_\_\_\_  
\_\_\_\_\_

☐ I am neither baptized nor confirmed.

☐ I am a member of another Episcopal church and wish to transfer my membership to Falls Church Episcopal.

Name and location of church where you are a member: \_\_\_\_\_  
\_\_\_\_\_

☐ I am not interested in membership at this time.

Signature/Date: \_\_\_\_\_