



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: _____
