

Grace Episcopal Church
510 SE Broadway Street
Ocala, Florida 34471

New Members
(Please print)

Office Use	
<input type="checkbox"/> ACS	Transfer Letter Sent:
<input type="checkbox"/> Constant Contact	
<input type="checkbox"/> DialMyCalls	<input type="checkbox"/> ECW
<input type="checkbox"/> CFE	<input type="checkbox"/> Bulletin

Date: _____

Last Name: _____ First Name: _____ MI: _____

Title (Mr., Mrs., Miss, Ms, Dr.: _____ Goes by: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____ Veteran: Yes No

Single Married Widowed

Date of Birth: _____ If married, anniversary date: _____

Are you transferring from another Episcopal Church? Yes No

Name and address of former church from which you wish to transfer:

Baptized: Yes No Date: _____

Confirmed: Yes No Date: _____

*Grace be unto you and peace from God our father,
and from the Lord Jesus Christ*

(Continued on other side)

Spouse's Last Name: _____ **First Name:** _____ **MI:** _____

Title (Mr., Mrs., Miss, Ms, Dr.: _____ **Goes by:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Home Phone: _____ **Work Phone:** _____ **Cell:** _____

Email Address: _____ **Veteran:** ____ Yes ____ No

Are you transferring from another Episcopal Church? ____ Yes ____ No

Name and address if former church from which you wish to transfer (If different than spouse):

Date of Birth: _____

Baptized: ____ Yes ____ No **Date:** _____

Confirmed: ____ Yes ____ No **Date:** _____

Children living with you:

1. **Name:** _____ **M / F** **DOB:** _____

Baptized: ____ Yes ____ No **Date:** _____

Confirmed: ____ Yes ____ No **Date:** _____

2. **Name:** _____ **M / F** **DOB:** _____

Baptized: ____ Yes ____ No **Date:** _____

Confirmed: ____ Yes ____ No **Date:** _____

3. **Name:** _____ **M / F** **DOB:** _____

Baptized: ____ Yes ____ No **Date:** _____

Confirmed: ____ Yes ____ No **Date:** _____