

St. Peter's Episcopal Church

505 Main Street ❖ Spotswood, New Jersey 08884

Tel. 732-251-2449 ❖ Fax: 732-251-4019

E-mail: stpetersspotswood@comcast.net ❖ Website: <http://www.stpetersspotswood.org>

NEWCOMERS INFORMATION FORM

Please place in the offering plate or return to the Parish office.

Please Print

Today's Date _____

NAME: _____ Date of Birth: _____

ADDRESS:

_____ (Street) _____ (Town) _____ (Zip)

Home Telephone: _____ Business Telephone: _____

E-mail address: _____ Cell Phone: _____

Occupation _____

SACRAMENTS RECEIVED: (include dates and locations)

Baptism _____ Confirmation _____

Marriage _____

Previous Religious Affiliation and Church (if applicable) _____

Received into the Episcopal Church (date, place) _____

To transfer your membership to this parish from another, please request your previous church to send a letter of transfer or provide us with the church's name and address and we will request a letter of transfer.

_____ (Church Name) _____ (Address) _____ (City, State Zip)

ADULT (other than self) HOUSEHOLD MEMBER:

Name _____ Date of Birth: _____

Home Telephone: _____ Business Telephone: _____

E-mail address: _____ Cell Phone: _____

Occupation _____

SACRAMENTS RECEIVED: (include dates and locations)

Baptism _____ Confirmation _____

Marriage _____