



Holy Apostles' Episcopal Church
1040 Yardville Allentown Rd, Yardville, NJ 08620

Membership Information

	<u>Head of Household</u>	<u>Spouse</u>
Title: (Circle one)	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____	Mr. Mrs. Miss. Ms. Dr. Rev. Other _____
Name: (First - Middle &/or Maiden - Last)		
Sex: (Check one)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:		
City, State / Zip:	_____	_____
Alternate Address		
City, State / Zip:	From: _____ To: _____	From: _____ To: _____
Home Phone:	() - _____ Unlisted? <input type="checkbox"/>	() - _____ Unlisted? <input type="checkbox"/>
Cell Phone:	() - _____ Unlisted? <input type="checkbox"/>	() - _____ Unlisted? <input type="checkbox"/>
Work Phone	() - _____ Unlisted? <input type="checkbox"/>	() - _____ Unlisted? <input type="checkbox"/>
Email		
Fax #:	() - _____ Unlisted? <input type="checkbox"/>	() - _____ Unlisted? <input type="checkbox"/>
Extra Phone:	_____ Unlisted? <input type="checkbox"/>	_____ Unlisted? <input type="checkbox"/>
Contact preference?	Home phone Cell Email Text Mail	Home phone Cell Email Text Mail
Marital Status: (Circle one)	Single Married Widowed Divorced Partner Other _____	Single Married Widowed Divorced Partner Other _____
Date Married:	Date: _____	Date: _____
Occupation:		
Employer:		
How did you join this parish (Circle):	Birth Transfer Marriage Other _____	Birth Transfer Marriage Other _____
Birth Date:	Date: _____	Date: _____
Baptism Date:	Date: _____	Date: _____
Confirmation Date:	Date: _____	Date: _____
Day/Time of church service normally attended:	Saturday: 5:00 pm Sunday: 8:00 am 9:30 am 11:15 am	Saturday: 5:00 pm Sunday: 8:00 am 9:30 am 11:15 am am

Children

Name(first, middle, last)	Birth Date	Baptism	Confirmation	Grade	School / College	Christian Education (As of September)
	Date: _____	Date: _____	Date: _____			SS Rite 13 J2A
	Date: _____	Date: _____	Date: _____			SS Rite 13 J2A
	Date: _____	Date: _____	Date: _____			SS Rite 13 J2A
	Date: _____	Date: _____	Date: _____			SS Rite 13 J2A
	Date: _____	Date: _____	Date: _____			SS Rite 13 J2A



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Skills

(Please check all that apply, H=Head of household, S=Spouse)

H	S	H	S	H	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activities

(Please check all in which you currently serve, H=Head of household, S=Spouse)

H	S	H	S	H	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spiritual Gifts

(Please check all that apply, H=Head of household, S=Spouse)

H	S	H	S	H	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Willing to Serve

H	S	H	S	H	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments or Suggestions: _____

Thank you for taking the time to complete this form.

Please return to Holy Apostles' parish office.