



ST. PETER'S
 EPISCOPAL CHURCH
 Greenville, South Carolina

INFORMATION SHEET

Last Name: _____
 First Name: _____ Middle Name: _____
 Address: _____
 Mobile Phone: _____ Home Phone: _____
 Email: _____
 DOB: _____ Baptism date: _____ Confirmation date: _____
 Occupation: _____ Business Phone: _____

Spouse's First Name: _____ Middle Name: _____ Last Name _____
 Mobile Phone: _____
 Email: _____
 DOB: _____ Baptism Date: _____ Confirmation Date: _____
 Occupation: _____ Business Phone: _____
 Wedding Anniversary: _____

Children living at home:

Child's name: _____ DOB: _____ Baptism date: _____ Confirmation date: _____
 Child's name: _____ DOB: _____ Baptism date: _____ Confirmation date: _____
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Would you like to transfer to St. Peter's at this time? YES ___ NO ___

Name of persons transferring to St. Peter's _____

I/We would like a name tag(s) YES ___ NO ___ (suggested donation \$5 per name tag)

Previous Church Home (if any): _____
 Address: _____ City: _____ State: _____ Zip: _____

In what areas of parish life are you particularly interested: _____

Personal/family hobbies and talents: _____