St-MARYS Builington NJ SPISCOPAL CHURCH-1702

ST. MARY'S PARISH

MEMBERSHIP INFORMATION FORM

145 West Broad Street

Burlington New Jersey 08016-1341

Phone (609) 386-0902 ← Email <u>parishoffice@stmarysburlington.org</u>
Web site <u>www.stmarysburlington.org</u>

Please print legibly. Please return the completed form to Linda Cerce in the Parish Office. If you have any questions, please contact Linda at the email and phone number listed above.

Communication Preference – Please indicate below if each of those listed would like to receive our weekly e-News, Chimes newsletter and other important news/announcements sent to your email address. You will be sent a confirmation email that you must respond to confirming your choice.

Household Mail Information	How mail should be addre	essed to you		
		Zip Code:		
Individual # 1 Information				
First Name: Preferred Name: Date of Birth: Date, Denomination & Place of				
Date & Place of Confirmation:				
Marital Status: Date & Place of Marriage:				
Maiden Name: Occupation/Name of Workplace:				
Cell Phone: Work Phone: Email address:				
Communication Preference: ☐ Email ☐ Mail				
Individual #2 Information				
		Last Name:		
Preferred Name:				
Date of Birth: Date, Denomination & Place of Baptism:				
Date & Place of Confirmation:				
Marital Status:				
Date & Place of Marriage:				
Maiden Name: Occupation/Name of Workplace:				
Cell Phone: Work Phone:				
Email address:				
Communication Preference: ☐ Email ☐ Mail				

St. Mary's Parish Membership Information Form

Child #1 Information		
Preferred Name: Date of Birth: Date, Denomination & Place o Date & Place of Confirmation: Cell Phone:	f Baptism:	
Child #2 Information		
Preferred Name: Date of Birth: Date, Denomination & Place o Date & Place of Confirmation: Cell Phone:	f Baptism:	
Child #3 Information		
Preferred Name: Date of Birth: Date, Denomination & Place o	f Baptism:	
Child #4 Information		
Preferred Name: Date of Birth: Date, Denomination & Place o Date & Place of Confirmation: Cell Phone: Email address:	f Baptism:	Last Name:
Grade in School Communication Preference: □	3 Same as parent	□ Own Email □ Mail