

Name (Please Print) _____

Please Check One of the following: [] Male [] Female

(First Name)

(Middle Name)

(Maiden Name)

(Last Name)

Address _____ City _____ Zip+ 4 _____

Home Telephone _____ Email _____

Present Occupation, or Retired From _____

Business Telephone _____ Email _____

Marital Status: Cell Phone # _____

Single

Married Birth Date _____ Age Group: (25 & Under) (26-35) (36-55) (56-64) (65 & Over)

Divorced (Circle Age Group)

Widowed Baptized? _____ Date of Baptism _____

Place of Baptism _____

IT IS MY DESIRE TO UNITE WITH THIS CHURCH BY:

Profession of Faith (If you are uniting with the Christian Church for the first time and requesting to be baptized)

Reaffirmation of Faith (If you have formerly been a member of a Christian Church, but your membership is now not active)

Letter of Transfer (If you are transferring from any other Presbyterian U. S. A. Church)

Name of Church _____

Address _____
(Street) (City) (State) (Zip Code)

Have you ever been ordained as an [] Elder or [] Deacon in the Presbyterian Church? Yes [] No []
If yes, please supply date and place of ordination _____

Your Spouse's Name _____ Spouse's birth date _____

Children Living at Home Names Birth Date Baptized? Yes [] No [] Baptized? When & Where

Please sign the form: _____
(Signature) (Date)