



GRACE EPISCOPAL CHURCH

30 BUTLER STREET - P.O. 1776
KINGSTON, PENNSYLVANIA 18704
VOICE: 570-287-8440 EMAIL: GRACEKINGSTON@EPIX.NET

PARISH FAMILY REGISTRATION FORM

General Household/Family Information

(Note: Not to be used for an individual family member. Each individual family member is listed separately below.)

Date: _____

Household Name (i.e., Smith Family or Smith-Jones Family): _____

Title (i.e., Mr. & Mrs, Mr. & Mr.): _____ Maiden Name: _____

Address _____

City _____ State _____ Zip _____

We invite you to participate in our Discovering Grace Stewardship program:

Yes, send me *electronic pledge* information Yes, send me pledge envelopes

Salutation choice (i.e., Dear John & Mary, Jane and Connie): _____

Family Email: _____ Family Web Site: _____

Home Phone: _____ Unlisted? Home Phone 2: _____ Unlisted?

Cell Phone: _____ Unlisted? Fax: _____ Unlisted?

Married in the Episcopal Church Married outside the Church Union Blessed
 Engaged Divorced Separated Single Widow(er)

Marriage/Union Date: _____ Children at home: Yes No

Check information you wish to *exclude* from the Grace Directory: Address Phone(s) Email

Family Member 1

Name (First, Middle, Last, Suffix): _____

Goes by Name: _____ Relationship: Father Mother Son Daughter Other _____

Email: _____ Address: Same Other: _____

Gender: Male Female Birth Date (month/day/year): _____ Home Bound?: Yes No

If you are a member of a Christian denomination other than Episcopalian, are you interested at this time in having your membership transferred to Grace Church? Yes No If yes, what parish or congregation would we need to contact in order to transfer your membership?

Church: _____ City: _____ State: _____

Date of Baptism: _____ Have you been confirmed in another denomination? Yes No

Would you like to be confirmed or received into the Episcopal Church? Yes No

If you have never been baptized or affiliated with any Christian denomination, would you be interested in pursuing the rites of Christian initiation? Yes No

Home Phone: _____ Unlisted? Work Phone: _____ Unlisted?

Cell Phone: _____ Unlisted? Other: _____ Unlisted?

Occupation: _____ Employer: _____

Current Grade or Highest Degree: _____ School: _____

Check information you wish to *exclude* from the Grace Directory: Address Phone(s) Email

Family Member 2

Name (First, Middle, Last, Suffix): _____

Goes by Name: _____ Relationship: Father Mother Son Daughter Other _____

Email: _____ Address: Same Other: _____

Gender: Male Female Birth Date (month/day/year): _____ Home Bound?: Yes No

If you are a member of a Christian denomination other than Episcopalian, are you interested at this time in having your membership transferred to Grace Church? Yes No If yes, what parish or congregation would we need to contact in order to transfer your membership?

Church: _____ City: _____ State: _____

Date of Baptism: _____ Have you been confirmed in another denomination? Yes No

Would you like to be confirmed or received into the Episcopal Church? Yes No

If you have never been baptized or affiliated with any Christian denomination, would you be interested in pursuing the rites of Christian initiation? Yes No

Home Phone: _____ Unlisted? Work Phone: _____ Unlisted?

Cell Phone: _____ Unlisted? Other: _____ Unlisted?

Occupation: _____ Employer: _____

Current Grade or Highest Degree: _____ School: _____

Check information you wish to *exclude* from the Grace Directory: Address Phone(s) Email

Family Member 3

Name (First, Middle, Last, Suffix): _____

Goes by Name: _____ Relationship: Father Mother Son Daughter Other _____

Email: _____ Address: Same Other: _____

Gender: Male Female Birth Date (month/day/year): _____ Home Bound?: Yes No

If you are a member of a Christian denomination other than Episcopalian, are you interested at this time in having your membership transferred to Grace Church? Yes No If yes, what parish or congregation would we need to contact in order to transfer your membership?

Church: _____ City: _____ State: _____

Date of Baptism: _____ Have you been confirmed in another denomination? Yes No

Would you like to be confirmed or received into the Episcopal Church? Yes No

If you have never been baptized or affiliated with any Christian denomination, would you be interested in pursuing the rites of Christian initiation? Yes No

Home Phone: _____ Unlisted? Work Phone: _____ Unlisted?

Cell Phone: _____ Unlisted? Other: _____ Unlisted?

Occupation: _____ Employer: _____

Current Grade or Highest Degree: _____ School: _____

Check information you wish to *exclude* from the Grace Directory: Address Phone(s) Email

Family Member 4

Name (First, Middle, Last, Suffix): _____

Goes by Name: _____ Relationship: Father Mother Son Daughter Other _____

Email: _____ Address: Same Other: _____

Gender: Male Female Birth Date (month/day/year): _____ Home Bound?: Yes No

If you are a member of a Christian denomination other than Episcopalian, are you interested at this time in having your membership transferred to Grace Church? Yes No If yes, what parish or congregation would we need to contact in order to transfer your membership?

Church: _____ City: _____ State: _____

Date of Baptism: _____ Have you been confirmed in another denomination? Yes No

Would you like to be confirmed or received into the Episcopal Church? Yes No

If you have never been baptized or affiliated with any Christian denomination, would you be interested in pursuing the rites of Christian initiation? Yes No

Home Phone: _____ Unlisted? Work Phone: _____ Unlisted?

Cell Phone: _____ Unlisted? Other: _____ Unlisted?

Occupation: _____ Employer: _____

Current Grade or Highest Degree: _____ School: _____

Check information you wish to *exclude* from the Grace Directory: Address Phone(s) Email

Family Member 5

Name (First, Middle, Last, Suffix): _____

Goes by Name: _____ Relationship: Father Mother Son Daughter Other _____

Email: _____ Address: Same Other: _____

Gender: Male Female Birth Date (month/day/year): _____ Home Bound?: Yes No

If you are a member of a Christian denomination other than Episcopalian, are you interested at this time in having your membership transferred to Grace Church? Yes No If yes, what parish or congregation would we need to contact in order to transfer your membership?

Church: _____ City: _____ State: _____

Date of Baptism: _____ Have you been confirmed in another denomination? Yes No

Would you like to be confirmed or received into the Episcopal Church? Yes No

If you have never been baptized or affiliated with any Christian denomination, would you be interested in pursuing the rites of Christian initiation? Yes No

Home Phone: _____ Unlisted? Work Phone: _____ Unlisted?

Cell Phone: _____ Unlisted? Other: _____ Unlisted?

Occupation: _____ Employer: _____

Current Grade or Highest Degree: _____ School: _____

Check information you wish to *exclude* from the Grace Directory: Address Phone(s) Email

***Unlisted numbers are only accessible to the Parish Staff.
If you have additional family members, please use a second form or attach a sheet of paper.***