



*Calvary*  
 Episcopal Church  
 Flemington, NJ  
 Est. 1841

# Calvary Episcopal Church Membership Form

## PRIMARY CONTACT FOR FAMILY

FULL NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PREFERRED NAME/NICKNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BAPTIZED (Y/N): \_\_\_\_ DATE OF BAPTISM: \_\_\_\_\_ PLACE OF BAPTISM: \_\_\_\_\_

CONFIRMED (Y/N): \_\_\_\_ DATE OF CONFIRMATION: \_\_\_\_\_ PLACE OF CONFIRMATION: \_\_\_\_\_

MARRIED (Y/N): \_\_\_\_ DATE OF MARRIAGE: \_\_\_\_\_ PLACE OF MARRIAGE: \_\_\_\_\_

## FAMILY MEMBER INFO

RELATION TO PRIMARY CONTACT: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PREFERRED NAME/NICKNAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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