New Member Contact Information Sheet

Please complete and return to the office St. Gregory of Nyssa Episcopal Church, 500 De Haro Street, San Francisco, CA 94107

| Date | | | | |
|---|-------------------|--------------------|--|--|
| First & Last Name (how you want to be list | sted in the direc | tory) | | |
| Address_ | | | | |
| City | State | Zip | | |
| Email | Phone | | | |
| Birth date: | | | | |
| Name of Spouse/Partner: | | | | |
| Child's Name: | Child's | Child's Birth Date | | |
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| • | | | | |
| • | | | | |
| • | | | | |
| Add me to the Prayer and Care eAdd me to the Youth & Family | | list | | |
| Were you a member of another Episcopal Church name | | | | |
| City | | | | |
| Have you been baptized? Y / N Year: | | | | |
| Have you been confirmed? Y / N Year: | Denomina | tion: | | |