



## Invitation to formal membership

**Christ and The Epiphany Church  
39 Park Place  
East Haven, CT 06512**

We invite you to associate with us by formal membership. Membership enables an individual to have full voice and vote in the community of Christ and The Epiphany Episcopal Church. Individuals coming to C&E who hold membership in another Episcopal Church can have their membership transferred. Individuals coming to C&E from all other Christian denominations may become members by having their Baptism recorded in the formal membership books. (Episcopalians can choose this rather than transfer as well.) To become a member, please complete the form below and return to the church office, 39 Park Place, East Haven, CT 06512. For any questions, please contact our Clergy or the Church Administrator at 203-467-2310.

Please fill in the information below for each person in your household who wishes to become a member of the church. Please use the back for additional names.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Transfer of Membership Requested for listed persons

Name of Episcopal Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Baptism: (attach a copy of Certificate or provide the following information)

Date: \_\_\_\_\_

Denomination: \_\_\_\_\_

Church Name: \_\_\_\_\_

Location: \_\_\_\_\_

Confirmation or Reception: (attach a copy of Certificate or provide the following information)

Date: \_\_\_\_\_

Denomination: \_\_\_\_\_

Church Name: \_\_\_\_\_

Location: \_\_\_\_\_

Wedding anniversary date of household heads: \_\_\_\_\_

***We are delighted that you are joining Christ and The Epiphany Church. We look forward to continuing our Christian journey together. God bless and keep you!***

Revised: 11/15/17

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Gender \_\_\_\_\_  
Same Address as above? \_\_\_\_\_ Relationship to above? \_\_\_\_\_  
Preferred Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Baptism: (attach a copy of Certificate or provide the following information)

Date: \_\_\_\_\_  
Denomination: \_\_\_\_\_  
Church Name: \_\_\_\_\_  
Location: \_\_\_\_\_

Confirmation or Reception: (attach a copy of Certificate or provide the following information)

Date: \_\_\_\_\_  
Denomination: \_\_\_\_\_  
Church Name: \_\_\_\_\_  
Location: \_\_\_\_\_

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Gender \_\_\_\_\_  
Same Address as above? \_\_\_\_\_ Relationship to above? \_\_\_\_\_  
Preferred Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Baptism: (attach a copy of Certificate or provide the following information)

Date: \_\_\_\_\_  
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First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
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Same Address as above? \_\_\_\_\_ Relationship to above? \_\_\_\_\_  
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