Trinity Episcopal Church

The Historic Church in the Village of Fayetteville
106 Chapel Street
Fayetteville, New York 13066

The Very Rev. Dr. Renée Tembeckjian, Rector

Parish Membership Form
(Individual or Family)

Full Name (include prefix/title): _____

Gender: Male   Female   **Birthdate (mm/dd/yyyy):** _____

Home Address: _____

Cell Phone: _____   **Email:** _____

Occupation (current or prior) _____

Marital Status: _____   **Date of Marriage** *(if applicable):* _____

Name of Spouse: _____

Spouse Seeking Membership?   Yes   No

Use duplicate sheet for each adult seeking membership

Former Parish (if any): _____

Include denomination and location (city/village/town and state)

I am requesting a transfer of membership from a former Episcopal parish (circle one):   Yes   No

Date of Baptism: _____

Baptismal Parish: _____
Include denomination and location (city/village/town and state)

Date of Confirmation: _____

Confirmation Parish: _____
Include denomination and location (city/village/town and state)

Unmarried children included in this membership
(duplicate this page, if needed)

Child's Name *(include full last name):* _____

Child's Gender: Male   Female   **Child's Birthdate: (mm/dd/yyyy):** _____

Child's Baptismal Date: _____

Child's Baptismal Parish: _____ _____

Include denomination and location (city/village/town and state)

Child's Confirmation Date: _____

Child's Confirmation Parish: _____

Include denomination and location (city/village/town and state)

Unmarried children included in this membership
(duplicate page, if needed)

Child's Name *(include full last name):* _____

Child's Gender: Male   Female   **Child's Birthdate: (mm/dd/yyyy):** _____

Child's Baptismal Date: _____

Child's Baptismal Parish: _____ _____

Include denomination and location (city/village/town and state)

Child's Confirmation Date: _____

Child's Confirmation Parish: _____

Include denomination and location (city/village/town and state)