

**ALL SAINTS CHURCH
338 EAST LYMAN AVENUE
WINTER PARK
407-647-3413**

<input type="checkbox"/> ACS	For Office Use Only
<input type="checkbox"/> Register	
<input type="checkbox"/> Online	
<input type="checkbox"/> Letter	

NEWCOMER INFORMATION FORM

www.allsaintswp.com

Date: _____ Would you like to be added to our Weekly Update Email? Y N

Last Name: _____ Maiden Name: _____

First Name: _____ Goes By: _____

Address: _____

City, State, Zip: _____

Transferring from/last church affiliation? _____

Date of Birth: Month _____ Day _____ Year _____ Marital Status: Single Married Divorced Widowed

Anniversary Date if Married: Month _____ Day _____

Home Phone: _____ Business Phone: _____ Cell: _____

Email Address: _____

Baptized? Yes No Date: _____ Confirmed? Yes No Date: _____

SPOUSE-----

Last Name: _____ Maiden Name: _____

First Name: _____ Goes By: _____

Transferring from/last church affiliation? _____

Date of Birth: Month _____ Day _____ Year _____

Home Phone: _____ Business Phone: _____ Cell: _____

Email Address: _____

Baptized? Yes No Date: _____ Confirmed? Yes No Date: _____

WOULD YOU LIKE TO BECOME A MEMBER OF ALL SAINTS CHURCH? Yes No

While we do not provide offering envelopes, you may make your contribution in the plate in an envelope of your choosing simply by writing your name on the outside of the envelope.

If you'd like to explore alternative methods of giving, please contact Claudia Hafich, the church bookkeeper at 407-599-4305 or claudiah@allsaintswp.com to discuss and make arrangements.

CHILDREN LIVING AT HOME

Last Name: _____

First Name: _____ Middle: _____

Goes By: _____

Date of Birth: _____

Baptized? Yes ___ No ___ Date: _____ Confirmed: Yes ___ No ___ Date: _____

Last Name: _____

First Name: _____ Middle: _____

Goes By: _____

Date of Birth: _____

Baptized? Yes ___ No ___ Date: _____ Confirmed: Yes ___ No ___ Date: _____

Last Name: _____

First Name: _____ Middle: _____

Goes By: _____

Date of Birth: _____

Baptized? Yes ___ No ___ Date: _____ Confirmed: Yes ___ No ___ Date: _____

Last Name: _____

First Name: _____ Middle: _____

Goes By: _____

Date of Birth: _____

Baptized? Yes ___ No ___ Date: _____ Confirmed: Yes ___ No ___ Date: _____

Comments: _____
