

Membership Transfer Request

Personal Information

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| --- | --- |
| Name:  |       |
| Address:  |       |
| Phone:  |       | Email:  |       |

**Please transfer our membership to St. Timothy’s from:**

|  |  |
| --- | --- |
| Church Name:  |       |
| Address (if known):  |       |
| City, ST  |       | Zip:  |       |
| Date last attended |       | Member there since:  |       |

**Please indicate to the best of your knowledge the names as they appear in the Register of your former church, along with dates of birth and baptism/confirmation:**

Full

|  |  |  |
| --- | --- | --- |
|  Name  | Date of Birth  | Baptism/Confirmation Date |
|       |       |       |
|       |       |       |
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Please drop this form off in the office or email to nikki.omalley@gmail.com. We will contact you when we receive a response from your previous church. If you have any additional comments or questions, please let us know here: