

General Information Form

St. Martin-in-the-Fields Episcopal Church

Please write legibly - give as much information as you can. Questions? Call the office at 817-431-2396

Today's Date _____

Name _____ Gender M / F / non-binary /
first middle last prefer not to say

Address _____
street city state zip code

Phone: Cell _____ Home _____

Email _____

Date of birth _____ Location of birth _____
month / day / year city / state / country

Date of Baptism _____ Location _____
month / day / year city / state / country church

Date of Confirmation _____ Location _____
month / day / year city / state / country church

Date of Reception _____ Location _____
month / day / year city / state / country church

Spouse/Partner name

_____ Gender M / F / non-binary /
first middle last prefer not to say

Phone: Cell _____ Home _____

Email _____

Date of Marriage _____ Location _____
month / day / year city / state / country church if applicable

Date of birth _____ Location _____
month / day / year city / state / country

Date of Baptism _____ Location _____
month / day / year city / state / country church

Date of Confirmation _____ Location _____
month / day / year city / state / country church

Date of Reception _____ Location _____
month / day / year city / state / country church

Please fill out the back of this form



Children living with you & other household members

Name _____ Gender M / F / non-binary
prefer not to say
Preferred name _____ Grade _____
Phone: Cell _____ Home _____
Email address _____
Date of birth _____ Location _____
Date of Baptism _____ Location _____
Date of Confirmation _____ Location _____
Date of Reception _____ Location _____

Name _____ Gender M / F / non-binary
prefer not to say
Preferred name _____ Grade _____
Phone: Cell _____ Home _____
Email address _____
Date of birth _____ Location _____
Date of Baptism _____ Location _____
Date of Confirmation _____ Location _____
Date of Reception _____ Location _____

Name _____ Gender M / F / non-binary
prefer not to say
Preferred name _____ Grade _____
Phone: Cell _____ Home _____
Email address _____
Date of birth _____ Location _____
Date of Baptism _____ Location _____
Date of Confirmation _____ Location _____
Date of Reception _____ Location _____

If you have additional household members, please list them on a separate piece of paper and include the above information.

If you would like to transfer your membership , please fill out a transfer request form available in the office or online at www.stmartininthefields.org/category/forms.