



The Episcopal Church of the Epiphany

TRANSFER IN REQUEST FORM

Please fill out a separate form for each family member to be transferred. Place form the Parish Administrator's cubby outside of the Parish Office.

Full Name: _____
First Middle Last

Telephone: _____ Email: _____

Address: _____

Birth Date: _____ Baptismal Date: _____ Confirmation Date: _____

Membership to be transferred from: _____
Name of Church

Location/Address of church (city & state required) _____

City State Zip

Full Name: _____
First Middle Last

Telephone: _____ Email: _____

Address: _____

Birth Date: _____ Baptismal Date: _____ Confirmation Date: _____

Membership to be transferred from: _____
Name of Church

Location/Address of church (city & state required) _____

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City State Zip